



2005

New York State

Managed Care Plan Performance Report Supplement

State of New York
George E. Pataki, Governor

Department of Health
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I. Introduction

The *2005 New York State Managed Care Plan Performance Report Supplement* contains information on prenatal and postpartum care, provider network, and use of services. It also contains technical notes on data collection and risk-adjustment models used in the prenatal care analyses. This report is a supplement to the *2005 New York State Managed Care Plan Performance Report: A Report on Quality, Access to Care and Consumer Satisfaction* and to *eQARR 2005: An Interactive Report on Managed Care Performance*, which contains information on quality and satisfaction on a regional basis.

Data Sources

Data included in this supplement are from three sources:

- 1) Plan-submitted Quality Assurance Reporting Requirements (QARR);
- 2) NYS Department of Health Statewide Planning and Research Cooperative System (SPARCS), which contains inpatient and outpatient utilization data; and
- 3) NYS Department of Health Vital Statistics Birth Records.

Provider Network and Use of Services data shown in this supplement are collected from Medicaid, commercial, and Child Health Plus managed care plans in compliance with QARR and the National Committee for Quality Assurance's (NCQA) 2005 Health Plan Employer Data and Information Set (HEDIS®) technical specifications and guidelines. The prenatal care services data included in this supplement (page 4) are calculated using the Department's Vital Statistics Birth File and member-level data submitted by the health plans.

Audit Requirements

Prior to submission of their data to the Department of Health, all plans are required to participate in a prospective audit of all HEDIS® measures. The audit is conducted by an independent auditor in adherence to NCQA's certified audit methodology.

Feedback

We welcome suggestions and comments on ways in which the department can measure and report plan performance more effectively.

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II. Prenatal and Postpartum Care

The prenatal care data presented here is divided into two sections: 1) Quality of Care measures calculated by the Department using birth data submitted by the health plans and the Department's Vital Statistics file; and 2) Use of Services measures on newborn and maternity care, which are calculated by health plans and submitted to the Department. For more information on the process used to match the plan birth file to the Department's Vital Statistics file, please refer to the Technical Notes section of this report (p. 45).

In 2004, New York State modified the data elements included in the Vital Statistics Birth File; because not all data elements are captured by the NYC Vital Statistics Birth File, two different risk-adjusted low birthweight (LBW) models were developed. Results are separate and cannot be compared. Like LBW, prenatal care in the first trimester and percent of LBW births at level II/III/IV facilities will also be reported separately by Rest of State and NYC.

Quality of Care measures calculated by the Department are described in the table below. For these measures, 95% confidence intervals were calculated to determine whether the health plan's rate was statistically above or below the statewide average.

The Percent of Low Birthweight Births at Level II, III, or IV Facilities measure contains utilization information for women who delivered a low birthweight (<2,500 g) baby at a Level II, III, or IV facility during the reporting year, and who were continuously enrolled for 10 months or more. Facility level refers to the categories of inpatient services and facilities that are available for obstetrical services. These categories were designed by the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics. Although specifications may differ across states, generally, Level I facilities are hospitals and birthing centers for low-risk deliveries, home births, and other noninstitutional birth locations. Level II, III, and IV facilities are best equipped to care for high-risk pregnancies, deliveries, and neonatal problems such as those that may be represented by low birthweight babies.

Measures Calculated by NYSDOH Using the Vital Statistics Birth File

Measure	Description
Risk-Adjusted Low Birthweight*	The percentage of live infants weighing less than 2500 grams among all deliveries by women continuously enrolled in a plan for 10 or more months.
Prenatal Care in the First Trimester	The percentage of women continuously enrolled for 10 or more months who delivered a live birth between November 6, 2003 and November 5, 2004, and had their first prenatal care visit in their first trimester of pregnancy.
Percent of LBW Births at Level II/III/IV Facilities	The percentage of low birthweight babies (<2500 g), born to women continuously enrolled for 10 or more months, who were delivered at Level II, III, or IV facilities.
* For more information about the risk-adjustment methodologies, please refer to the Technical Notes section at the back of this report.	

Prenatal Care Services

NYC Commercial Managed Care Plans, 2004

Health Plan	Risk-Adjusted Low Birthweight	Prenatal Care in the First Trimester	% of LBW Births at Level II/III/IV Facilities
Aetna	5.8	85	95
CIGNA	7.5	85	--
Empire	5.6	85	95
GHI HMO Select	--	--	--
HIP	6.2	80	80
Health Net	5.6	87 +	96
Oxford	5.6	86	98
UnitedHealthCare of New York	5.2	88 +	97
NYC Average	5.8	85	94
Statewide	4.8	88	83

- + Plan significantly better than NYC average
- Plan significantly worse than NYC average
- Rate not computed due to small sample size

Prenatal Care Services

Rest of State Commercial Managed Care Plans, 2004

Health Plan	Risk-Adjusted Low Birthweight	Prenatal Care in the First Trimester	% of LBW Births at Level II/III/IV Facilities
Aetna	5.1	89	78
BSNENY	4.1	88	85
Blue Choice	3.6	91 +	71
CDPHP	3.8	91 +	89
CIGNA	2.0	93	--
Community Blue	3.7	88	69
Empire	5.3	88	75
GHI HMO Select	5.7	85	--
HIP	4.5	84 -	86
HMO Blue	2.0	91	--
Health Net	4.1	90	62
Independent Health	5.0	86 -	79
MDNY	5.7	93 +	--
MVP	3.8	89	82
Oxford	4.0	89	77
Preferred Care	3.1	89	--
UnitedHealthCare of New York	4.6	89	72
Univera HealthCare	4.9	90	57
Vytra Health Plans	4.0	91	87
Rest of State Average	4.1	89	77
Statewide	4.8	88	83

- + Plan significantly better than Rest of State average
- Plan significantly worse than Rest of State average
- Rate not computed due to small sample size

Prenatal Care Services

NYC Medicaid Managed Care Plans, 2004

Health Plan	Risk-Adjusted Low Birthweight	Prenatal Care in the First Trimester	% of LBW Births at Level II/III/IV Facilities
Affinity Health Plan	7.6	83 +	87
Americhoice	6.3	75 +	89
CarePlus	7.5	63 -	92
CenterCare	5.3 +	68	98
Community Choice Health Plan	--	--	--
Community Premier Plus	5.9	80 +	83
Fidelis Care New York	7.3	65 -	94
HIP	8.3	70	88
Health Plus	7.6	75 +	93
HealthFirst	7.1	73 +	94
MetroPlus	7.6	66 -	99
Neighborhood Health Providers	8.3	67 -	99
NewYork-Presbyterian CHP	7.9	75	95
Partners in Health	5.4	71	--
UnitedHealthCare of New York	4.2	74	--
WellCare	11.0	61	--
NYC Average	7.3	71	92
Statewide	7.1	69	86

- + Plan significantly better than NYC average
- Plan significantly worse than NYC average
- Rate not computed due to small sample size

Prenatal Care Services

Rest of State Medicaid Managed Care Plans, 2004

Health Plan	Risk-Adjusted Low Birthweight	Prenatal Care in the First Trimester	% of LBW Births at Level II/III/IV Facilities
Affinity Health Plan	8.0	51 -	--
BSNENY	0.0	72	--
Blue Choice Option	5.7	67	69
CDPHP	5.3	76 +	75
Community Blue	12.3	78 +	--
Community Choice Health Plan	6.8	48 -	--
Fidelis Care New York	6.9	59 -	75
HIP	7.4	75 +	--
HealthFirst PHSP, Inc.	3.1	58	--
Hudson Health Plan	6.9	60	--
Independent Health's MediSource	5.8	67	74
Preferred Care	8.0	54 -	73
Suffolk Health Plan	7.9	46 -	--
Total Care	9.3	62	87
UnitedHealthCare of New York	8.3	73 +	72
Univera Community Health	--	--	--
WellCare of New York	5.7	77	--
Rest of State Average	6.6	65	72
Statewide Average	7.1	69	86

- + Plan significantly better than Rest Of State average
- Plan significantly worse than Rest of State average
- Rate not computed due to small sample size

Prenatal and Postpartum Care Use of Services

Managed care plans are required to submit inpatient and outpatient use of services data such as hospital admissions and ambulatory surgery rates. The rates presented here are calculated by the plans. The data applicable to the Medicaid and commercial populations are reported separately. Variations and/or extremes in utilization are difficult to interpret for plans

with low enrollment. Therefore, plans with fewer than 30 events (i.e., numerators) are excluded from the statistical calculations of the percentiles, but are still included in the calculation of the statewide, NYC, and Rest-of-State averages. All rates based on numerators less than 30 are reported in the tables with a # symbol.

Measure	Description
Births and Average Length of Stay: Newborns	This measure contains information on well newborns, complex newborns and total newborns discharged during 2004. Newborns are reported as complex if their length of stay (LOS) is greater than or equal to five days, if their LOS is less than five days and the newborn dies, or if the newborn is transferred to another facility and the organization is unable to track the total LOS between the two facilities. Well newborns are those who are not defined as complex. Total discharges per 1000 Member Years (MY); total days per 1000 MY and Average Length of Stay (ALOS) are reported.
Discharges and Average Length of Stay: Maternity Care	This measure contains utilization statistics for women who gave birth during 2004. Delivery information is divided into vaginal deliveries, cesarean deliveries and total deliveries. Total discharges per 1000 Female Member Years (FMY); total days per 1000 FMY and Average Length of Stay (ALOS) are reported.

Births and Average Length of Stay: Newborns

Commercial Managed Care Plans, 2004

Plan Name	Well Newborns			Complex Newborns			Total Newborns		
	Discharges	Days	ALOS	Discharges	Days	ALOS	Discharges	Days	ALOS
Aetna	9.0	22.9	2.6	0.9	15.8	17.7	9.9	38.8	3.9 +
Blue Choice	9.2	20.9	2.3	0.8	10.9	14.4	9.9	31.7	3.2
BSNENY	8.8	19.9	2.3 -	0.6	8.0	12.5	9.5	27.9	3.0 -
CDPHP	9.5	23.7	2.5	0.6	5.0 -	7.8 -	10.2	28.7	2.8
CIGNA	13.7 +	35.5 +	2.6	1.3	19.0	14.2	15.1 +	54.5	3.6
Community Blue	8.2	19.5	2.4	0.7	11.9	17.6	8.9	31.4	3.5
Empire	12.2	32.0	2.6 +	1.0	10.1	9.9	13.2	42.2	3.2
GHI HMO Select	9.5	22.1	2.3	0.8	16.7	19.7 +	10.4	38.8	3.7
Health Net	13.0	32.6	2.5	1.4	23.0 +	16.5	14.4	55.6 +	3.9
HIP	9.3	22.2	2.4	0.9	15.5	16.4	10.3	37.7	3.7
Independent Health	7.7 -	17.8 -	2.3	0.5 -	9.4	18.2 +	8.2 -	27.2 -	3.3
MDNY	10.6	27.4	2.6	0.8	10.2	12.3	11.4	37.5	3.3
MVP	9.9	22.7	2.3	0.8	10.9	13.0	10.7	33.5	3.1
Oxford	15.3 +	39.7 +	2.6	1.5 +	26.8 +	17.8	16.8 +	66.5 +	4.0 +
Preferred Care	9.9	22.1	2.2 -	0.5 -	7.0 -	12.9	10.5	29.2	2.8 -
UnitedHealthCare of New York	13.5	33.3	2.5	1.1	14.1	13.0	14.6	47.4	3.3
Univera HealthCare	8.6	20.1	2.3	2.0 +	16.7	8.4 -	10.6	36.8	3.5
Upstate HMO	7.5 -	17.1 -	2.3	0.6 #	8.7	14.7 #	8.1 -	25.8 -	3.2
Vytra Health Plans	11.6	30.1	2.6 +	1.0	11.5	11.0	12.6	41.6	3.3
Statewide	11.1	27.6	2.5	1.0	15.7	15.2	12.2	43.3	3.6
New York City	12.3	31.0	2.5	1.2	19.6	16.4	13.5	50.6	3.8
Rest of State	10.6	26.0	2.5	1.0	13.8	14.5	11.6	39.9	3.5

- + Plan rate higher than 90% of the plans
- Plan rate lower than 90% of the plans
- # Percentile not computed due to small numerator

Utilization rates are calculated per 1,000 member years. Average length of stay (ALOS) is calculated as the total number of days divided by the total number of discharges (Days/Discharges=ALOS).

Births and Average Length of Stay: Newborns

Medicaid Managed Care Plans, 2004

Plan Name	Well Newborns			Complex Newborns			Total Newborns		
	Discharges	Days	ALOS	Discharges	Days	ALOS	Discharges	Days	ALOS
Affinity Health Plan	19.4	47.8	2.5 +	2.3	27.8	12.1	21.7	75.6	3.5
AmeriChoice	34.6	79.2	2.3	2.8	31.7	11.2	37.5	110.8	3.0
Blue Choice Option	25.1	54.8	2.2	2.2	26.3	12.1	27.2	81.1	3.0
BSNENY	15.8 -	33.3 -	2.1 -	1.9 #	29.4	15.7 #	17.6 -	62.7	3.6 +
CarePlus Health Plan	15.8 -	37.1 -	2.3	1.9	19.5	10.4	17.7	56.6 -	3.2
CDPHP	30.9	73.3	2.4	1.7 -	12.8 -	7.7 -	32.6	86.0	2.6 -
CenterCare	20.2	47.0	2.3	2.3	28.3	12.3	22.5	75.3	3.4
Community Blue	22.0	48.4	2.2	1.7	26.7	15.5 +	23.7	75.1	3.2
Community Choice	26.1	67.0	2.6 +	3.2	42.4 +	13.1	29.4	109.4	3.7 +
Community Premier Plus	30.0	71.1	2.4	3.0	36.8	12.2	33.0	107.9	3.3
Fidelis Care New York	28.3	63.7	2.2	2.7	33.8	12.7	31.0	97.5	3.1
GHI HMO Select	24.6	54.3	2.2	1.8 #	15.0 -	8.3 #	26.4	69.3	2.6 -
Health Plus	31.9	74.5	2.3	2.4	36.6	15.3 +	34.2	111.0	3.2
HealthFirst PHSP Inc.	NV	NV	NV	NV	NV	NV	NV	NV	NV
HIP	32.5	72.9	2.2	2.6	31.4	12.0	35.2	104.3	3.0
Hudson Health Plan	24.8	59.4	2.4	2.6	32.5	12.7	27.3	91.9	3.4
Independent Health	28.9	62.3	2.2	2.2	31.6	14.1	31.1	93.9	3.0
MetroPlus	37.9 +	92.0 +	2.4	4.6 +	42.1	9.2 -	42.5 +	134.1 +	3.2
Neighborhood Health Providers	26.3	60.9	2.3	3.4	34.4	10.2	29.6	95.3	3.2
New York - Presbyterian CHP	36.0 +	86.0	2.4	3.8	36.3	9.7	39.7 +	122.3	3.1
Partners in Health	35.7	86.5 +	2.4	3.9 +	70.6 +	18.1 +	39.6	157.1 +	4.0 +
Preferred Care	26.3	54.9	2.1 -	2.6	33.2	12.6	29.0	88.1	3.0
Suffolk Health Plan	87.1 +	213.9 +	2.5 +	6.0 +	50.1 +	8.4 -	93.1 +	264.0 +	2.8
Total Care	19.8	42.7	2.2 -	1.8	20.3	11.3	21.6	63.0	2.9
UnitedHealthCare of New York	16.3	38.9	2.4	1.3 -	14.3 -	11.3	17.6 -	53.2 -	3.0
Univera Community Health	23.0	52.4	2.3	2.0	18.3	9.3	25.0	70.7	2.8 -
WellCare	14.7 -	32.6 -	2.2	1.7 -	17.8	10.7	16.4 -	50.4 -	3.1
State wide	28.0	65.1	2.3	2.7	31.1	11.7	30.7	96.2	3.1
New York City	28.7	67.3	2.3	2.8	32.9	11.6	31.6	100.2	3.2
Rest of State	26.2	59.9	2.3	2.2	26.9	12.0	28.5	86.8	3.0

- + Plan rate higher than 90% of the plans
- Plan rate lower than 90% of the plans
- # Percentile not computed due to small numerator
- NV Plan submitted invalid data

Utilization rates are calculated per 1,000 member years. Average length of stay (ALOS) is calculated as the total number of days divided by the total number of discharges (Days/Discharges=ALOS).

Discharges and Average Length of Stay: Maternity Care

Commercial Managed Care Plans, 2004

Plan Name	Vaginal Deliveries			Cesarean Deliveries			Total Deliveries		
	Discharges	Days	ALOS	Discharges	Days	ALOS	Discharges	Days	ALOS
Aetna	18.9	49.2	2.6 +	11.2 +	55.5 +	5.0 +	30.1	104.7 +	3.5 +
Blue Choice	17.4	42.6	2.4	6.9	26.3	3.8	24.3	68.9	2.8
BSNENY	20.2	47.7	2.4	7.7	29.1	3.8	27.9	76.8	2.8 -
CDPHP	15.1	34.1	2.3	6.3	25.4	4.1	21.3	59.6	2.8
CIGNA	21.8 +	53.4 +	2.5	10.4	44.3	4.3	32.1	97.8	3.0
Community Blue	15.4	35.1	2.3	8.0	30.5	3.8	23.5	65.5	2.8
Empire	18.8	43.9	2.3	9.8	41.7	4.2	28.6	85.6	3.0
GHI HMO Select	12.6 -	27.8 -	2.2 -	7.3	28.3	3.9	19.9	56.1	2.8
Health Net	19.3	45.8	2.4	9.8	41.5	4.2	29.1	87.4	3.0
HIP	13.4	36.0	2.7 +	4.4 -	16.9 -	3.8	17.8 -	52.8 -	3.0
Independent Health	14.5	32.7	2.3	7.1	27.0	3.8	21.6	59.6	2.8
MDNY	15.8	35.9	2.3	9.4	40.8	4.4	25.1	76.7	3.1
MVP	14.2	33.6	2.4	7.0	25.9	3.7 -	21.3	59.5	2.8
Oxford	23.1 +	55.5 +	2.4	11.4 +	51.7 +	4.5 +	34.4 +	107.2 +	3.1 +
Preferred Care	19.3	49.0	2.5	7.0	29.9	4.3	26.3	78.9	3.0
UnitedHealthCare of New York	21.7	49.5	2.3	11.1	47.2	4.2	32.8 +	96.7	2.9
Univera HealthCare	14.9	33.4	2.2 -	6.8	24.8	3.6 -	21.7	58.2	2.7 -
Upstate HMO	13.3 -	31.3 -	2.4	5.7 -	22.4 -	3.9	19.0 -	53.7 -	2.8
Vytra Health Plans	16.9	41.8	2.5	10.2	42.0	4.1	27.1	83.8	3.1
State wide	18.1	43.7	2.4	8.6	36.8	4.3	26.7	80.4	3.0
New York City	19.1	47.2	2.5	9.1	40.3	4.4	28.2	87.5	3.1
Rest of State	17.6	42.0	2.4	8.4	35.1	4.2	26.0	77.1	3.0

- + Plan rate higher than 90% of the plans
- Plan rate lower than 90% of the plans
- # Percentile not computed due to small numerator

Utilization rates are calculated per 1,000 member years. Average length of stay (ALOS) is calculated as the total number of days divided by the total number of discharges (Days/Discharges=ALOS).

Discharges and Average Length of Stay: Maternity Care

Medicaid Managed Care Plans, 2004

	Vaginal Deliveries			Cesarean Deliveries			Total Deliveries								
Plan Name	Discharges	Days	ALOS	Discharges	Days	ALOS	Discharges	Days	ALOS						
Affinity Health Plan	35.1	-	89.4	2.5	13.6	54.7	4.0	48.7	144.2	3.0					
AmeriChoice	75.4		175.4	2.3	16.4	69.2	4.2	91.8	244.5	2.7					
Blue Choice Option	53.3		127.3	2.4	17.4	61.8	3.6	70.6	189.1	2.7					
BSNENY	40.4	-	86.9	2.2	13.7	49.4	3.6	54.1	136.3	2.5					
CarePlus Health Plan	37.9		102.9	2.7	8.4	-	35.1	-	4.2	46.3	138.0	3.0			
CDPHP	60.3		139.7	2.3	20.1	72.4	3.6	80.4	212.1	2.6					
CenterCare	37.0		94.0	2.5	9.2	-	34.9	-	3.8	46.1	-	128.9	-	2.8	
Community Blue	47.5		106.8	2.2	18.3	64.6	3.5	-	65.9	171.4	2.6	-			
Community Choice	44.0		106.8	2.4	22.3	101.8	4.6	+	66.3	208.6	3.1	+			
Community Premier Plus	52.0		135.5	2.6	23.8	101.2	4.3		75.8	236.7	3.1				
Fidelis Care New York	60.0		145.0	2.4	17.7	70.7	4.0		77.7	215.6	2.8				
GHI HMO Select	27.0	-	55.8	-	12.1	46.2	3.8	39.1	-	101.9	-	2.6			
Health Plus	57.9		140.9	2.4	21.5	84.3	3.9	79.4	225.2	2.8					
HealthFirst PHSP, Inc.	89.6	+	226.7	+	2.5	30.7	+	132.9	+	4.3	120.3	+	359.6	+	3.0
HIP	56.1		139.7	2.5	13.1	49.0	3.7	69.2	188.6	2.7					
Hudson Health Plan	49.6		124.6	2.5	21.0	104.2	5.0	+	70.6	228.7	3.2	+			
Independent Health	63.6		144.0	2.3	22.4	82.7	3.7	86.0	226.7	2.6					
MetroPlus	80.0	+	204.6	+	2.6	25.8	108.6	4.2	105.8	+	313.2	+	3.0		
Neighborhood Health Providers	57.5		158.0	2.7	18.2	76.3	4.2	75.8	234.4	3.1					
New York - Presbyterian CHP	66.9		161.0	2.4	28.4	+	118.3	+	4.2	95.3	279.3	2.9			
Partners in Health	66.7		201.8	3.0	17.1	79.8	4.7	+	83.8	281.6	3.4	+			
Preferred Care	62.8		150.3	2.4	17.2	62.5	3.6	79.9	212.7	2.7					
Suffolk Health Plan	215.6	+	528.6	+	2.5	77.1	+	338.5	+	4.4	292.6	+	867.1	+	3.0
Total Care	44.2		103.8	2.3	11.2	39.4	-	3.5	-	55.4	143.2	2.6	-		
UnitedHealthCare of New York	32.0	-	77.4	-	2.4	13.9	56.1	4.0	45.9	-	133.5	-	2.9		
Univera Community Health	43.8		100.3	2.3	15.7	55.7	3.5	-	59.5	156.0	2.6				
WellCare	36.3		93.9	2.6	11.2	-	43.4	3.9	47.4	137.3	2.9				
State wide	58.0		144.2	2.5	18.7	76.0	4.1	76.7	220.2	2.9					
New York City	59.3		149.3	2.5	18.9	77.5	4.1	78.2	226.8	2.9					
Rest of State	54.6		131.2	2.4	18.4	72.4	3.9	73.1	203.5	2.8					

- + Plan rate higher than 90% of the plans
- Plan rate lower than 90% of the plans
- # Percentile not computed due to small numerator

Utilization rates are calculated per 1,000 member years. Average length of stay (ALOS) is calculated as the total number of days divided by the total number of discharges (Days/Discharges=ALOS).

III. Provider Network

Practitioner Turnover

A stable network of providers can increase the likelihood that patients receive continuous care since a high turnover rate of providers may disrupt continuity of care. A high rate of turnover could also indicate that a plan has reorganized its network of participating providers. For example, mental health and chemical dependency services are often rendered by a group of providers who contracted with the plan. If the entire contract is reorganized, the result would be a very high rate of turnover for that group of practitioners.

Primary care practitioners include physicians and non-physician practitioners whom members are able to select as primary care practitioners and who the health plan defines as primary care practitioners. Physician primary care practitioners may include general or family practice physicians, geriatricians, general internal medicine physicians, general pediatricians, and OB/GYNs. Non-physician primary care practitioners include physician assistants and nurse practitioners. (In the New York State Medicaid managed care program, enrollees may not choose a physician assistant as their primary care practitioner.)

Measure	Description
Practitioner Turnover	This measure is the percentage of providers affiliated with the network on December 31, 2003, who were not affiliated with the organization on December 31, 2004. For commercial plans and those providing Child Health Plus coverage, the turnover rate for physician and non-physician primary care providers is calculated. For plans providing Medicaid coverage, the turnover ratios are also calculated for OB/GYN, chemical dependency, and mental health practitioners.

Practitioner Turnover

Commercial Managed Care Plans, 2004

Health Plan	Physician Primary Care	Non-Physician Primary Care
Aetna	3.1	NA
BSNENY	5.1	NA
Blue Choice	NV	NV
CDPHP	1.8	NA
Cigna	3.0	15.4
Community Blue	4.0	NA
Empire	6.8	NA
GHI HMO Select	2.6	NA
HIP	8.4	NA
HMO Blue	NV	NV
Health Net	4.8	5.8
Independent Health	4.9	NA
MDNY	4.0	31.4
MVP	4.4	NA
Oxford	4.4	100.0
Preferred Care	4.3	10.7
UnitedHealthCare of New York	3.6	NA
Univera HealthCare	NV	NV
Vytra Health Plans	3.3	25.0
Statewide	4.5	17.1
New York City	4.8	16.2
Rest of State	4.3	17.8

NA Not Applicable: there are no providers in the denominator.

NV Plan submitted invalid data

Practitioner Turnover

Medicaid Managed Care Plans, 2004

Health Plan	Physician Primary Care	Non-Physician Primary Care	OB/GYN	Chemical Dependency	Mental Health	Dentists
Affinity Health Plan	9.5	20.2	8.7	8.7	8.7	22.5
AmeriChoice	11.9	0.0	6.4	4.0	3.2	3.7
Blue Choice Option	NV	NV	NV	NV	NV	NV
BSNENY	3.5	NA	5.9	0.0	3.6	0.0
CarePlus Health Plan	10.9	25.0	17.8	21.9	29.8	12.0
CDPHP	2.3	NA	1.0	NA	10.4	NA
CenterCare	13.5	16.2	18.9	15.4	13.3	16.7
Community Blue	4.0	NA	3.6	10.5	3.5	8.3
Community Choice Health Plan	12.7	12.8	14.5	45.0	17.6	5.0
Community Premier Plus	16.5	29.4	15.6	0.0	9.7	0.0
Fidelis Care New York	12.3	13.7	11.7	3.0	10.8	6.9
GHI HMO Select	3.0	NA	0.0	NV	20.2	18.3
Health Plus	8.7	22.0	10.2	1.8	5.2	15.1
HealthFirst PHSP, Inc.	7.9	9.8	9.2	2.8	2.2	9.6
HIP	10.4	NA	14.0	4.1	7.8	5.6
Hudson Health Plan	9.4	6.6	3.8	0.0	0.0	25.9
Independent Health's MediSource	4.6	NA	5.0	0.0	4.0	NA
MetroPlus	7.4	12.6	16.5	14.8	14.5	14.4
Neighborhood Health Providers	8.2	10.2	10.0	23.5	25.1	16.9
New York-Presbyterian CHP	11.6	30.4	17.7	55.9	68.1	7.8
Partners in Health	7.3	0.0	0.0	36.4	26.2	12.5
Preferred Care	4.5	NA	3.5	0.0	2.6	NA
Suffolk Health Plan	10.8	5.9	15.9	26.0	27.1	NA
Total Care	3.7	0.0	7.1	32.3	17.7	26.7
UnitedHealthCare of New York	9.5	0.0	13.6	0.4	0.4	NA
Univera Community Health	NV	NV	NV	NV	NV	NV
WellCare of New York	5.8	NA	12.9	17.2	17.2	19.0
Statewide	8.9	14.1	11.0	7.7	10.4	11.7
New York City	9.7	15.5	12.3	8.6	11.9	11.6
Rest of State	7.4	11.8	8.4	6.4	9.8	13.8

NA Not Applicable: there are no providers in the denominator.

NV Plan submitted invalid data

Practitioner Turnover

Child Health Plus Managed Care Plans, 2004

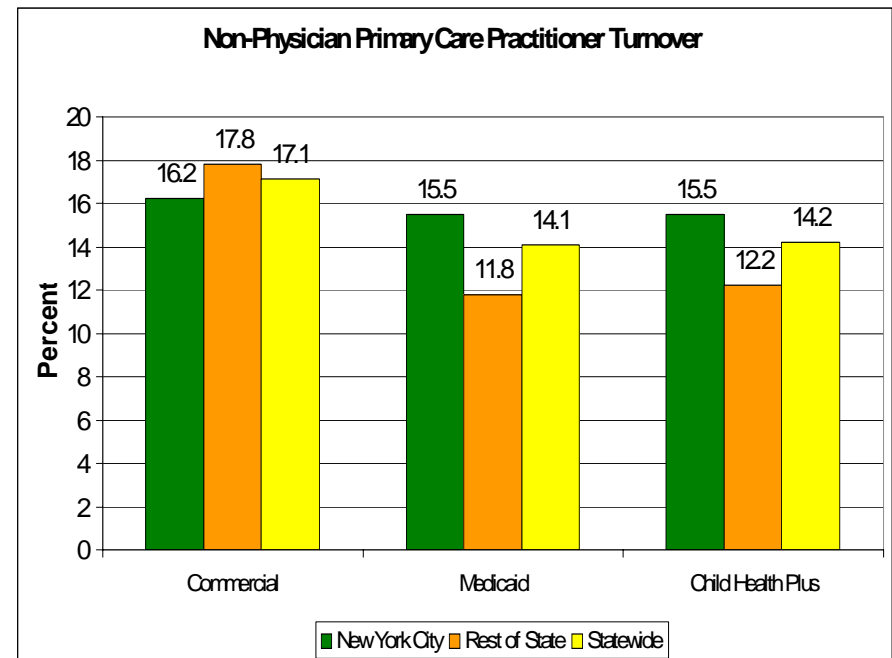
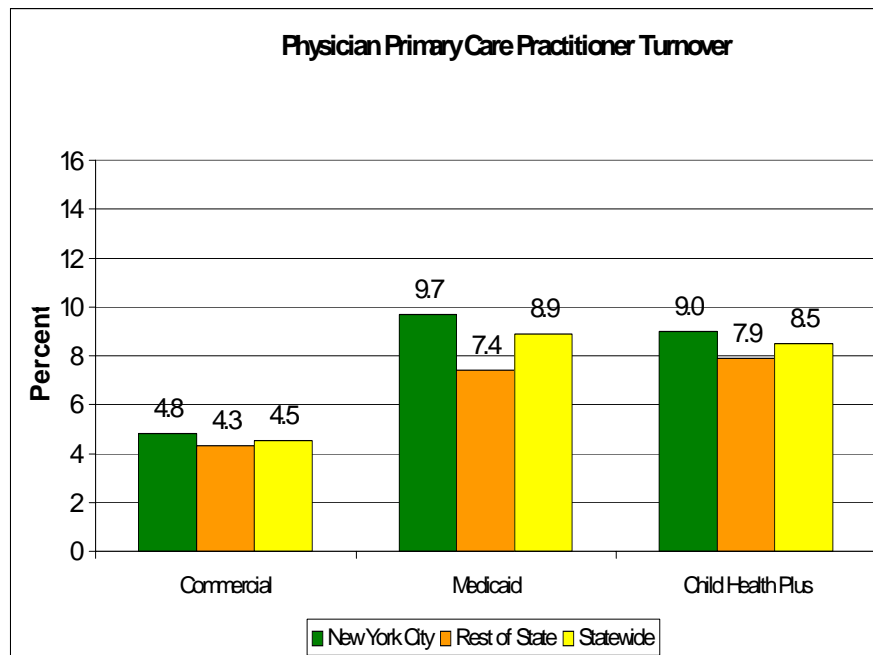
Health Plan	Physician Primary Care	Non-Physician Primary Care
Affinity Health Plan	9.5	20.2
AmeriChoice	11.9	0.0
Blue Choice	NV	NV
BSNENY	5.1	NA
CarePlus Health Plan	9.9	14.3
CDPHP	2.0	NA
CenterCare	13.0	14.7
Community Blue	4.0	NA
Community Choice Health Plan	12.7	12.8
Community Premier Plus	16.5	29.4
Empire	7.2	NA
Fidelis Care New York	12.4	13.7
GHI	7.3	0.0
Health Plus	8.7	22.0
HealthFirst PHSP, Inc.	7.2	9.8
HIP	8.4	NA
HMO Blue	NV	NV
Hudson Health Plan	9.3	6.6
MetroPlus	7.4	12.6
Neighborhood Health Providers	8.1	10.3
New York-Presbyterian CHP	11.6	30.4
Partners in Health	7.3	0.0
Suffolk Health Plan	10.8	5.9
Total Care	3.0	0.0
UnitedHealthCare of New York	9.5	0.0
Univera Community Health	NV	NV
WellCare of New York	5.8	NA
Statewide	8.5	14.2
New York City	9.0	15.5
Rest of State	7.9	12.2

NA Not Applicable: there are no providers in the denominator.

NV Plan submitted invalid data

The following graphs compare practitioner turnover rates for physician primary care practitioners and non-physician primary care practitioners (PCPs). These comparisons are made for New York City, the rest of the state, and the entire state for commercial, Medicaid, and Child Health Plus health plans.

As can be seen from the following graphs, physician PCP turnover is generally higher in New York City than in the rest of the state and non-physician PCP turnover is higher in New York City than in the rest of the state and non-physician PCP turnover is higher than physician PCP turnover for all product lines.



IV. Use of Services

Managed care plans are required to submit inpatient and outpatient utilization data such as hospital admissions and ambulatory surgery rates. The data presented are calculated by the plans. Data applicable to the Medicaid, commercial, and Child Health Plus populations are reported separately. Inpatient mental health and chemical dependency utilization data are also included. Commercial and Medicaid fee-for-service (FFS) length of stay calculations are based on the NYSDOH 2004

Statewide Planning and Presearch Cooperative System (SPARCS) data.

Variations and/or extremes in utilization are difficult to interpret for plans with low enrollment. Therefore, plans with fewer than 30 events (i.e., numerators) are excluded from the statistical calculations of the percentiles, but are still included in the calculation of the statewide, NYC, and Rest of State averages. All rates based on numerators less than 30 are reported in the tables with a # symbol.

Measure	Description
Outpatient Utilization	This measure summarizes utilization of ambulatory services including outpatient visits, Emergency Room (ER) visits and ambulatory surgery encounters. Rates presented here are per 1000 member years.
Frequency of Selected Procedures	This measure provides a summary of the numbers and rates per 1000 member years of selected procedures.
Inpatient Utilization	This measure summarizes utilization of acute inpatient services in the categories of medicine, surgery, maternity and total inpatient utilization. Average Length of Stay (ALOS) is presented for each category, as well as cases and days per 1000 enrollees.
Inpatient Mental Health Utilization	This measure summarizes utilization of inpatient mental health services, for males and females. Measures include total discharges per 1000 member years and Average Length of Stay.
Inpatient Chemical Dependency Utilization	This measure summarizes utilization of inpatient chemical dependency services, for males and females. Measures include total discharges per 1000 member years and Average Length of Stay.
Identification of Alcohol and Other Drug (AOD) Dependency Services	This measure represents members with an AOD dependence diagnosis and the extent to which the different levels of chemical dependency services are utilized. Rates are presented per 1000 member years.
Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment	This measure represents the percentage of members diagnosed with AOD dependence who initiated treatment and had two additional AOD services within 30 days after initiation.

Outpatient Use of Services

Commercial Managed Care Plans, 2004

Plan Name	Ambulatory Surgeries	ER Visits	Outpatient Visits
Aetna	67.0	156.6	3,925
Blue Choice	125.3	140.1	3,818
BSNENY	139.7 +	156.2	4,222
CDPHP	133.4	155.2	4,508
CIGNA	65.9	157.4	4,217
Community Blue	133.1	149.9	3,763
Empire	92.0	155.3	4,669
GHI HMO Select	89.5	163.0	3,692
Health Net	83.7	119.0 -	4,469
HIP	59.4 -	191.5 +	3,915
Independent Health	128.9	173.9	3,601 -
MDNY	63.5 -	135.5 -	5,484 +
MVP	129.1	182.3	4,432
Oxford	88.3	147.1	4,693
Preferred Care	121.4	146.0	3,461 -
UnitedHealthCare of New York	92.9	142.7	4,313
Univera HealthCare	135.3	147.0	3,857
Upstate HMO	164.8 +	183.1 +	4,513
Vytra Health Plans	89.0	170.9	4,968 +
Statewide	98.4	156.6	4,249
New York City	76.7	158.9	4,316
Rest of State	108.5	155.5	4,218

+ Plan rate higher than 90% of the plans
 - Plan rate lower than 90% of the plans
 # Percentile not computed due to small numerator

Utilization rates are calculated per 1,000 member years.

Outpatient Use of Services

Medicaid Managed Care Plans, 2004

Plan Name	Ambulatory Surgeries	ER Visits	Outpatient Visits
Affinity Health Plan	41.0	371.1	3,179 -
AmeriChoice	46.7	324.9	4,315
Blue Choice Option	86.5	501.9	4,057
BSNENY	142.2 +	319.1	5,022 +
CarePlus Health Plan	32.0 -	479.8	3,987
CDPHP	83.5	614.4	4,807
CenterCare	50.6	502.1	3,310
Community Blue	113.6 +	423.0	4,202
Community Choice	48.3	536.8	3,756
Community Premier Plus	53.5	564.7	3,846
Fidelis Care New York	51.8	451.2	3,302
GHI HMO Select	91.7 +	347.2	3,861
Health Plus	47.1	416.9	3,422
HealthFirst PHSP, Inc.	52.7	626.6 +	4,902
HIP	50.8	305.0 -	5,109 +
Hudson Health Plan	52.1	304.2 -	2,363 -
Independent Health	82.5	650.4 +	3,771
MetroPlus	45.7	608.8	3,884
Neighborhood Health Providers	40.9 -	529.5	4,124
New York - Presbyterian CHP	55.3	525.5	3,269 -
Partners in Health	61.7	566.1	4,690
Preferred Care	69.8	554.7	3,601
Suffolk Health Plan	36.6 -	615.6 +	3,947
Total Care	70.3	503.5	4,129
UnitedHealthCare of New York	65.3	305.0 -	4,986 +
Univera Community Health	70.9	359.7	3,461
WellCare	41.1	374.9	3,609
Statewide	53.6	459.2	4,005
New York City	47.9	461.2	4,027
Rest of State	68.2	454.0	3,948

- + Plan rate higher than 90% of the plans
- Plan rate lower than 90% of the plans
- # Percentile not computed due to small numerator

Utilization rates are calculated per 1,000 member years.

Outpatient Use of Services

Child Health Plus Managed Care Plans, 2004

Plan Name	Ambulatory Surgeries	ER Visits	Outpatient Visits
Affinity Health Plan	12.9	192.1	2,591
AmeriChoice	38.4 #	146.7	5,504 +
Blue Choice	39.1	219.1	3,933
BSNENY	45.4 +	211.8	4,013
CarePlus Health Plan	9.2 -	236.8	3,229
CDPHP	36.0	286.0 +	4,169
CenterCare	14.7	200.4	2,254
Community Blue	49.3 +	208.1	3,596
Community Choice	13.8	308.9 +	2,670
Community Premier Plus	17.8	235.5	2,057
Empire	28.6	101.1 -	5,159 +
Fidelis Care New York	22.6	228.6	2,679
GHI	13.5 #	134.3 -	1,586 -
Health Plus	16.8	216.3	2,715
HealthFirst PHSP, Inc.	12.3 -	231.4	2,548
HIP	19.1	175.9	4,339 +
Hudson Health Plan	18.0	241.4	2,067
MetroPlus	11.5 -	267.5	2,267
Neighborhood Health Providers	13.1	220.8	2,463
New York - Presbyterian CHP	28.2	199.6	2,183
Partners in Health	13.0 #	115.0 -	1,365 -
Suffolk Health Plan	18.0	254.8	1,141 -
Total Care	43.1	230.5	3,597
UnitedHealthCare of New York	31.2	227.1	4,215
Univera Community Health	34.5	215.3	2,826
Upstate HMO	44.0 +	281.7 +	4,111
WellCare	13.9	176.2	3,245
Statewide	23.2	205.0	3,418
New York City	16.9	201.4	3,125
Rest of State	29.2	208.5	3,703

- + Plan rate higher than 90% of the plans
- Plan rate lower than 90% of the plans
- # Percentile not computed due to small numerator

Utilization rates are calculated per 1,000 member years.

Frequency of Selected Procedures for Men

Commercial Managed Care Plans, 2004

Plan Name	Angioplasty Ages 45-64	Coronary Artery Bypass Graft Ages 45-64	Cardiac Catheterization		Laposcopic Cholecy- sectomy Ages 30-64	Laminectomy/ Discectomy Ages 20-64	Prostatectomy Ages 44-64
			Ages 45-64	Ages 65 Plus			
Aetna	8.7	2.4	14.1	27.7	1.6	1.5	2.9
Blue Choice	9.0	2.1 -	13.1	29.3	2.0	2.8 +	3.7 +
BSNENY	7.0	2.2	12.8	24.9 #	1.9	2.5	2.3 -
CDPHP	6.6 -	2.6	12.2	24.6	2.6 +	1.8	2.3
CIGNA	6.4 -	1.5 #	12.5	16.0 -	1.1 -	1.0 -	2.4
Community Blue	8.7	3.2	17.8 +	35.7 +	2.3	2.5	2.7
Empire	8.8	2.2	13.7	35.0 +	1.5	1.4 -	2.5
GHI HMO Select	6.8	2.3 #	10.7	11.1 #	1.9 #	1.9 #	1.6 #
Health Net	7.0	3.6 +	10.2 -	25.9	1.4	1.6	2.6
HIP	7.0	7.2 +	16.3 +	30.0	1.5	1.4	4.2 +
Independent Health	8.2	3.3	13.6	31.2	1.9	1.9	3.0
MDNY	11.5 +	2.7 #	11.8	28.9 #	2.0 #	1.2 #	2.7 #
MVP	8.9	3.1	12.2	26.6	2.3	2.4	2.1 -
Oxford	9.1	2.4	11.0	26.4	1.4	1.6	2.5
Preferred Care	8.8	1.7 #	13.5	28.7 #	1.5	3.3 +	2.9
UnitedHealthCare of New York	8.2	1.9 -	9.8 -	24.5 -	1.2 -	2.0	1.3 #
Univera HealthCare	8.5	2.5	16.2	27.3	2.6 +	2.4	3.0
Upstate HMO	11.9 +	2.0 #	14.3	29.5 #	2.8 #	2.5 #	3.0 #
Vytra Health Plans	10.9	2.8	14.3	33.8	1.9	2.0	1.7 #
Statewide	8.3	3.1	13.3	27.8	1.7	1.9	2.8
New York City	8.0	3.9	13.2	27.4	1.4	1.5	3.0
Rest of State	8.4	2.8	13.3	28.0	1.9	2.0	2.7

- + Plan rate higher than 90% of the plans
- Plan rate lower than 90% of the plans
- # Percentile not computed due to small numerator

Utilization rates are calculated per 1,000 member years.

Frequency of Selected Procedures for Women

Commercial Managed Care Plans, 2004

Plan Name	Abdominal Hysterectomy		Vaginal Hysterectomy		Laposcopic Cholecystectomy	
	Ages 15-44	Ages 45-64	Ages 15-44	Ages 45-64	Ages 15-44	Ages 45-64
Aetna	2.4	5.4	0.5	1.8	3.0	3.8
Blue Choice	3.3	5.3	1.0	1.8	4.5	6.1
BSNENY	3.4	5.7	2.1 +	3.1	5.5	6.2
CDPHP	2.7	5.4	1.3	2.6	5.1	5.8
CIGNA	1.7	4.7 -	0.2 #	1.2 #	2.6 -	3.1
Community Blue	3.3	5.4	2.2 +	2.9	4.9	5.7
Empire	1.9	5.1	0.5 -	1.5 -	3.7	4.6
GHI HMO Select	2.2 #	5.0	0.9 #	1.7 #	4.3	6.0
Health Net	1.6 -	5.1	0.2 #	1.6	2.6	2.9 -
HIP	4.1 +	7.8 +	0.6	1.7	3.8	3.6
Independent Health	3.1	5.9	1.5	3.2 +	4.3	4.8
MDNY	3.2	3.7 #	1.0 #	0.6 #	5.8 +	4.9
MVP	3.8	5.8	1.9	2.8	5.6	6.4 +
Oxford	1.4 -	4.6 -	0.4 -	1.3 -	2.6 -	3.4
Preferred Care	3.1	4.9	0.7 #	1.5 #	4.8	5.7
UnitedHealthCare of New York	1.7	4.7	0.4 #	1.2 #	2.8	2.7 -
Univera HealthCare	3.7	5.1	2.0	2.8	5.2	4.4
Upstate HMO	4.7 +	4.8	4.1 #	4.8 +	7.9 +	7.5 +
Vytra Health Plans	2.5	6.3 +	0.4 #	1.0 #	5.2	4.5
Statewide	2.5	5.5	0.8	1.9	3.8	4.5
New York City	2.3	5.8	0.4	1.5	3.0	3.5
Rest of State	2.7	5.4	1.0	2.1	4.1	4.9

- + Plan rate higher than 90% of the plans
- Plan rate lower than 90% of the plans
- # Percentile not computed due to small numerator

Utilization rates are calculated per 1,000 member years.

Frequency of Selected Procedures for Women

Commercial Managed Care Plans, 2004

Plan Name	Angioplasty Ages 45-64	Coronary Artery Bypass Ages 45-64	Cardiac Catheterization		Laminectomy/ Discectomy Ages 20-64
			Ages 45-64	Ages 65 Plus	
Aetna	2.3	0.7	7.1	13.3	1.3
Blue Choice	2.3	0.3 #	7.1	12.5 -	2.4
BSNENY	1.9	2.0	7.0	20.5 #	2.6 +
CDPHP	1.8	0.4 #	6.3	16.4	1.5
CIGNA	1.4 #	0.6 #	5.4	14.4 #	0.7 -
Community Blue	2.4	0.7	9.1	22.7 +	2.6 +
Empire	1.8	0.6	7.6	18.3	1.2
GHI HMO Select	2.8 #	0.5 #	8.3	16.5 #	1.1 #
Health Net	1.5 -	1.3	5.2 -	9.9 #	1.7
HIP	1.9	3.5 +	9.4	16.0	1.1 -
Independent Health	1.7 -	0.8	7.5	17.2	2.0
MDNY	2.9 #	0.6 #	7.6	16.6 #	1.9
MVP	2.4 +	0.7	8.1	15.8	2.4
Oxford	2.1	0.6 -	5.4	13.7	1.2
Preferred Care	2.3	0.3 #	7.4	20.5 #	2.6
UnitedHealthCare of New York	2.7 +	0.3 #	4.0 -	13.4 #	1.4
Univera HealthCare	1.6 #	0.9 #	9.6	20.7 #	2.0
Upstate HMO	3.3 #	0.9 #	10.7 +	13.5 #	2.1 #
Vytra Health Plans	2.3 #	0.8 #	11.0 +	13.8 #	1.8
Statewide	2.1	1.0	7.2	15.5	1.6
New York City	2.0	1.6	7.0	14.5	1.2
Rest of State	2.1	0.8	7.3	15.9	1.8

Data on Angioplasties and Coronary Artery Bypass Graft procedures performed on women 65 years of age and older were collected but are not presented here due to small sample sizes for most plans.

- + Plan rate higher than 90% of the plans
- Plan rate lower than 90% of the plans
- # Percentile not computed due to small numerator

Utilization rates are calculated per 1,000 member years.

Frequency of Selected Procedures for Children

Commercial Managed Care Plans, 2004

Plan Name	Myringotomy		Tonsillectomy	
	Ages 0-4	Ages 5-19	Ages 0-9	Ages 10-19
Aetna	21.2	3.9	6.4	1.8 -
Blue Choice	43.8	4.0	9.4	3.3
BSNENY	40.5	4.5	9.1	3.8
CDPHP	31.5	4.2	8.6	3.7
CIGNA	19.2 -	3.3	5.6	2.1
Community Blue	51.7 +	6.1 +	12.7	4.6 +
Empire	24.4	3.1 -	6.9	2.6
GHI HMO Select	21.7	2.7 #	6.4 #	1.9 #
Health Net	20.4	3.4	4.8 -	2.2
HIP	5.3 -	0.7 -	3.9 -	1.1 -
Independent Health	46.3	5.4	11.9	3.7
MDNY	22.0	4.2	7.4	2.8 #
MVP	38.3	4.2	9.9	4.3
Oxford	27.4	3.7	5.6	2.4
Preferred Care	48.8	5.6	9.1	3.8
UnitedHealthCare of New York	23.7	3.8	6.1	2.6
Univera HealthCare	64.8 +	5.6	13.6 +	4.8 +
Upstate HMO	41.8	5.8 +	13.7 +	4.2 #
Vytra Health Plans	25.8	3.5	8.1	3.0
Statewide	29.4	3.7	7.4	2.8
New York City	20.7	2.7	5.4	1.9
Rest of State	33.6	4.2	8.3	3.2

- + Plan rate higher than 90% of the plans
- Plan rate lower than 90% of the plans
- # Percentile not computed due to small numerator

Utilization rates are calculated per 1,000 member years.

Frequency of Selected Procedures for Women

Medicaid Managed Care Plans, 2004

Plan Name	Abdominal Hysterectomy		Laparoscopic Cholecystectomy	
	Ages 15-44	Ages 45-64	Ages 15-44	Ages 45-64
Affinity Health Plan	1.2 -	2.8 -	3.1	3.6 -
AmeriChoice	1.2 -	6.5	2.7 -	3.7 #
Blue Choice Option	3.4	7.7	8.2 +	8.4 +
BSNENY	5.9 #	7.0 #	10.8 +	9.0 #
CarePlus Health Plan	2.0	8.0	4.2	5.7
CDPHP	4.0 +	8.9 #	8.2	8.3 #
CenterCare	1.6	6.8	5.2	6.6
Community Blue	4.3 +	10.0 +	7.6	6.4 #
Community Choice	2.2 #	5.3 #	5.2 #	8.8 #
Community Premier Plus	1.3 #	4.3 #	3.9	6.0
Fidelis Care New York	2.0	5.2	4.9	5.7
GHI HMO Select	3.4 #	4.5 #	4.8 #	1.5 #
Health Plus	1.4	6.0	3.7	4.1
HealthFirst PHSP, Inc.	1.9	9.0 +	5.2	6.9
HIP	2.3	6.4	4.1	5.3
Hudson Health Plan	2.8 #	9.5 #	12.6 +	11.8 +
Independent Health	3.1 #	7.4 #	7.5	9.9 #
MetroPlus	1.5	3.9 -	1.9 -	1.9 -
Neighborhood Health Providers	1.5	4.7 #	2.6 -	3.6 #
New York - Presbyterian CHP	1.2 #	3.5 #	3.6	3.3 #
Partners in Health	1.5 #	4.1 #	3.4 #	5.6 #
Preferred Care	2.9 #	6.1 #	7.7	9.2 #
Suffolk Health Plan	2.9 #	8.7 #	8.3 #	4.3 #
Total Care	2.1 #	8.5 #	5.4	5.9 #
UnitedHealthCare of New York	2.3	4.3	4.3	4.8
Univera Community Health	4.8 #	12.2 #	6.0	4.9 #
WellCare	2.0 #	3.4 #	3.6	4.6 #
Statewide	2.0	5.7	4.5	5.0
New York City	1.7	5.4	3.7	4.5
Rest of State	2.9	6.6	6.5	6.5

+ Plan rate higher than 90% of the plans
 - Plan rate lower than 90% of the plans
 # Percentile not computed due to small numerator

Utilization rates are calculated per 1,000 member years.

Frequency of Selected Procedures for Children

Medicaid Managed Care Plans, 2004

Plan Name	Myringotomy		Tonsillectomy	
	Ages 0-4	Ages 5-19	Ages 0-9	Ages 10-19
Affinity Health Plan	4.6 -	1.6	3.0 -	1.2
AmeriChoice	13.1	3.0	3.9	1.0 #
Blue Choice Option	39.3	7.1	8.6	3.8
BSNENY	41.5 +	10.4 #	7.8 #	1.8 #
CarePlus Health Plan	1.7 #	1.2 -	3.8	1.1 #
CDPHP	37.6	5.5	8.4	5.4
CenterCare	3.8 -	1.4	4.3	1.4
Community Blue	54.3 +	7.2 +	11.4 +	6.0 +
Community Choice	7.4 #	4.1 #	3.6 #	0.6 #
Community Premier Plus	6.1	1.6	4.7	1.0 #
Fidelis Care New York	15.6	3.6	4.9	2.4
GHI HMO Select	0.0 #	0.0 #	0.0 #	3.7 #
Health Plus	5.2	2.2	4.6	1.0 -
HealthFirst PHSP, Inc.	5.0	1.9	4.5	1.6
HIP	4.6	1.3 -	3.7	1.2
Hudson Health Plan	8.1	3.2	5.3	2.8 #
Independent Health	48.6 +	5.6	10.6 +	3.2 #
MetroPlus	1.6 -	1.0 -	2.5 -	0.7 #
Neighborhood Health Providers	1.4 #	0.8 #	2.7 -	1.2 #
New York - Presbyterian CHP	5.4	2.0	3.8	2.0 #
Partners in Health	6.6	5.2	4.3	3.3 #
Preferred Care	37.4	7.3 +	7.4	3.5 #
Suffolk Health Plan	2.3 #	0.8 #	4.9	4.1 #
Total Care	26.8	8.5 +	10.5 +	4.2 #
UnitedHealthCare of New York	21.7	5.3	6.3	2.9
Univera Community Health	32.8	4.1 #	8.9	3.7 #
WellCare	14.7	3.8	3.8	1.5 #
Statewide	11.1	2.8	4.7	1.9
New York City	5.9	2.0	3.9	1.3
Rest of State	24.2	4.7	6.7	3.2

- + Plan rate higher than 90% of the plans
- Plan rate lower than 90% of the plans
- # Percentile not computed due to small numerator

Utilization rates are calculated per 1,000 member years.

Frequency of Selected Procedures for Children

Child Health Plus Managed Care Plans, 2004

Plan Name	Myringotomy		Tonsillectomy	
	Ages 0-4	Ages 5-19	Ages 0-9	Ages 10-19
Affinity Health Plan	5.4 #	2.1	5.0	1.4 #
AmeriChoice	82.3 #	2.9 #	9.4 #	0.0 #
Blue Choice	44.5	8.3	13.4	5.4
BSNENY	55.7	9.7 +	11.2 #	3.5 #
CarePlus Health Plan	8.7 #	1.9 -	2.6 #	0.8 #
CDPHP	46.7	7.9	13.0	4.7
CenterCare	3.3 #	0.6 #	4.1 #	1.2 #
Community Blue	55.8	8.6	13.5 +	6.9 +
Community Choice	9.5 #	3.3 #	1.0 #	0.5 #
Community Premier Plus	0.0 #	3.1 #	2.9 #	1.2 #
Empire	25.5	4.6	8.1	2.9 -
Fidelis Care New York	23.0	2.8	7.4	1.1 #
GHI	0.0 #	2.9 #	2.6 #	3.2 #
Health Plus	6.6 -	1.3 -	4.1 -	0.9 #
HealthFirst PHSP, Inc.	2.9 #	1.0 #	4.0 -	0.8 #
HIP	6.4 #	1.6 #	6.5	1.6 #
Hudson Health Plan	7.1 #	2.5	5.1	2.3 #
MetroPlus	0.4 #	1.0 #	3.7 #	0.5 #
Neighborhood Health Providers	2.3 #	7.0 #	1.7 #	0.6 #
New York - Presbyterian CHP	3.7 #	1.4 #	2.6 #	2.1 #
Partners in Health	7.3 #	0.0 #	1.9 #	6.3 #
Suffolk Health Plan	0.0 #	2.1 #	10.0 #	2.6 #
Total Care	51.9 #	5.9 #	23.9 #	6.5 #
UnitedHealthCare of New York	30.4	5.5	9.7	2.9 #
Univera Community Health	59.8 +	3.7 #	13.3 #	6.1 #
Upstate HMO	57.9	11.5 +	19.5 +	6.1
WellCare	9.0 #	3.6 #	3.8 #	0.3 #
Statewide	19.9	3.7	7.4	2.3
New York City	10.1	2.0	4.8	1.2
Rest of State	28.7	5.4	9.7	3.4

- + Plan rate higher than 90% of the plans
- Plan rate lower than 90% of the plans
- # Percentile not computed due to small numerator

Utilization rates are calculated per 1,000 member years.

Inpatient Use of Services: Discharges and Length of Stay

Commercial Managed Care Plans, 2004

Plan Names	Medicine		Surgery		Maternity		Total*	
	Discharges	Days	Discharges	Days	Discharges	Days	Discharges	Days
Aetna	26.0	105.5	18.4	92.1	17.5	60.4 +	59.3	249.4
Blue Choice	20.4	88.1	18.5	89.5	13.2	37.6	50.6	210.6
BSNENY	21.1	84.1	16.5	74.6	15.9	43.9	52.7	200.6
CDPHP	24.8	88.7	15.2	72.2	11.8	31.3 -	50.4	188.7
CIGNA	25.6	93.2	13.9 -	68.8	18.8	57.1	56.1	212.4
Community Blue	22.7	86.9	17.8	79.1	12.8	35.8	52.4	199.2
Empire	29.5	122.3	17.1	87.9	18.0	52.7	62.3	256.4
GHI HMO Select	25.2	91.8	18.0	99.1	12.3	37.2	54.2	224.2
Health Net	20.4	71.1 -	18.8	89.0	18.1	55.2	54.9	207.7
HIP	35.8 +	143.6 +	16.1	92.5	10.8 -	32.2	61.4	264.8
Independent Health	20.2 -	76.6	16.4	73.1	11.5	32.4	46.7 -	178.2
MDNY	32.4 +	111.1	26.4 +	143.0 +	16.7	48.4	73.6 +	296.9 +
MVP	27.1	79.3	19.5	58.7 -	14.7	36.0	59.9	171.4 -
Oxford	23.0	96.3	19.3	95.7	21.5 +	66.8 +	61.0	250.0
Preferred Care	22.0	90.6	12.7 -	55.0 -	14.6	39.8	47.4	180.4
UnitedHealthCare of New York	24.7	87.4	15.8	64.2	20.0 +	58.7	57.8	202.3
Univera HealthCare	16.7 -	50.7 -	14.5	61.2	11.8	31.6	41.5 -	139.6 -
Upstate HMO	31.9	133.7 +	26.0 +	143.0 +	11.0 -	31.2 -	67.7 +	304.7 +
Vytra Health Plans	24.8	93.1	21.6	131.0	15.9	50.2	60.1	267.0
Statewide	25.2	97.9	17.7	85.3	16.0	47.7	57.0	225.2
New York City	27.3	109.2	17.6	89.9	17.3	53.5	60.0	245.8
Rest of State	24.2	92.7	17.8	83.1	15.4	45.0	55.6	215.6

* Total Inpatient is the sum of Medicine, Surgery, and Maternity utilization, and does not include Newborn, Mental Health, or Chemical Dependency utilization data. Additionally, some discharges cannot be grouped as medicine, surgery, or maternity but are included in the overall inpatient total. Therefore, total discharges and days may not be equal to the sum of the three components.

- + Plan rate higher than 90% of the plans
- Plan rate lower than 90% of the plans
- # Percentile not computed due to small numerator

Utilization rates are calculated per 1,000 member years.

Inpatient Use of Services: Discharges and Length of Stay

Medicaid Managed Care Plans, 2004

Plan Name	Medicine		Surgery		Maternity		Total*	
	Discharges	Days	Discharges	Days	Discharges	Days	Discharges	Days
Affinity Health Plan	40.0	146.2	10.9	66.6	34.1	98.9	77.0	288.3
AmeriChoice	32.7	115.0	10.0	56.5	59.1	156.7	83.5	280.1
Blue Choice Option	30.1	114.2	15.6	88.4	50.3	136.0	80.3	296.5
BSNENY	36.8	138.2	19.6 +	97.1	37.0	91.0	87.2	311.4
CarePlus Health Plan	41.2	148.5	11.2	69.1	35.9	105.9	76.4	288.6
CDPHP	29.0 -	94.5 -	13.0	55.5	61.6	154.0	81.0	247.4
CenterCare	38.9	138.4	10.7	64.5	35.7	102.0	75.0	275.4
Community Blue	37.6	151.8	15.8	74.7	44.7	116.3	86.8	313.4
Community Choice	42.4	185.4 +	16.6	110.2 +	49.5	153.0	91.8	396.9
Community Premier Plus	30.0	104.9	12.7	65.3	55.3	173.3	80.2	287.9
Fidelis Care New York	39.3	147.7	10.9	57.6	52.9	146.1	85.0	301.7
GHI HMO Select	42.6	132.5	25.0 +	121.1 +	27.4 -	72.5 -	92.9	320.5
Health Plus	38.6	135.5	10.6	52.9	53.6	151.4	85.9	292.5
HealthFirst PHSP, Inc.	48.5	175.3	29.3 +	133.1 +	87.8 +	258.6 +	130.4 +	463.4 +
HIP	36.7	144.0	12.4	73.2	43.4	120.5	80.5	304.6
Hudson Health Plan	41.2	173.0	15.5	86.6	55.0	152.0	90.4	352.8
Independent Health	43.1	152.8	13.5	67.4	59.8	157.1	92.9	315.6
MetroPlus	50.6 +	178.9	13.8	79.8	72.0	212.2	112.8	401.4
Neighborhood Health Providers	44.9	158.1	9.1 -	54.3	51.4	150.6	86.8	308.6
New York - Presbyterian CHP	43.3	151.0	15.1	87.7	66.1	193.8	104.5	373.6
Partners in Health	84.2 +	247.4 +	17.9	107.7	78.2 +	229.9 +	154.0 +	507.5 +
Preferred Care	34.4	144.9	9.6 -	50.7 -	57.5	153.9	78.1	287.1
Suffolk Health Plan	68.6 +	250.6 +	14.8	109.9	198.8 +	593.7 +	181.9 +	654.7 +
Total Care	32.1	85.7 -	11.4	53.4	39.4	101.8	70.5	209.2 -
UnitedHealthCare of New York	28.0 -	107.6	11.8	58.9	31.1 -	88.4 -	63.2 -	233.9 -
Univera Community Health	20.1 -	52.2 -	10.9	50.9 -	39.2	104.5	59.1 -	178.0 -
WellCare	33.8	118.3	9.3 -	48.2 -	29.4 -	82.0 -	66.7 -	234.8
Statewide	39.9	144.7	13.5	72.7	52.8	150.0	89.6	320.2
New York City	41.2	148.3	13.5	73.2	53.6	154.2	91.5	327.5
Rest of State	36.4	135.4	13.6	71.3	50.8	138.9	84.5	301.5

* Total Inpatient is the sum of Medicine, Surgery, and Maternity utilization, and does not include Newborn, Mental Health, or Chemical Dependency utilization data. Additionally, some discharges cannot be grouped as medicine, surgery, or maternity but are included in the overall inpatient total. Therefore, total discharges and days may not be equal to the sum of the three components.

- + Plan rate higher than 90% of the plans
- Plan rate lower than 90% of the plans
- # Percentile not computed due to small numerator

Utilization rates are calculated per 1,000 member years.

Inpatient Use of Services: Discharges and Length of Stay

Child Health Plus Managed Care Plans, 2004

Plan Name	Medicine		Surgery		Total*	
	Discharges	Days	Discharges	Days	Discharges	Days
Affinity Health Plan	14.5	41.3	3.1 -	13.6	19.1	59.2
AmeriChoice	11.3 #	27.1 #	0.0 #	0.0 #	11.3 #	27.1 #
Blue Choice	8.6 -	29.5	3.9	13.2	14.0 -	47.7
BSNENY	13.0	52.6	5.9 #	23.3	19.4	76.5
CarePlus Health Plan	15.6	64.6	3.9	22.3	20.8	90.5
CDPHP	6.9 -	17.4 -	3.9	11.2 -	11.6 -	30.9 -
CenterCare	10.3	27.4	3.6 #	17.1	15.4	48.3
Community Blue	10.2	23.1 -	2.5 #	10.0 -	14.2 -	36.5 -
Community Choice	14.8	49.4	3.6 #	22.5	20.5	78.3
Community Premier Plus	16.0	53.0	6.2 #	59.8 +	23.1	116.9 +
Empire	13.1	36.2	4.9	16.0	18.5	53.6
Fidelis Care New York	13.3	38.4	3.2 -	12.3	18.0	55.9
GHI	13.0 #	38.3	1.8 #	6.5 #	15.3 #	45.4
Health Plus	16.2	53.8	4.5	19.3	21.9	76.7
HealthFirst PHSP, Inc.	11.9	39.5	10.5 +	35.5 +	23.3 +	77.1
HIP	14.9	44.0	4.8	23.5	20.4	68.9
Hudson Health Plan	15.3	50.9	6.3	34.6	23.3	90.0
MetroPlus	17.1	57.3	5.9	25.7	23.4 +	84.0
Neighborhood Health Providers	16.9	55.7	4.1	14.8	23.0	76.9
New York - Presbyterian CHP	19.5 +	65.8 +	11.1 +	58.4 +	31.5 +	127.2 +
Partners in Health	11.0 #	84.0 +	4.0 #	9.0 #	16.0 #	95.0 +
Suffolk Health Plan	17.7 +	51.6	5.1 #	20.9	22.8	72.5
Total Care	18.0 +	44.9	2.4 #	9.0 #	20.4	53.9
UnitedHealthCare of New York	13.5	37.5	4.2	15.8	18.6	56.0
Univera Community Health	9.5 -	20.2 -	3.2 #	13.7	14.5	39.0 -
Upstate HMO	12.4	31.4	5.9	26.3	18.9	59.6
WellCare	14.9	79.3 +	3.3 #	9.9 -	19.1	91.0
Statewide	13.6	42.7	5.0	20.2	19.6	65.8
New York City	14.7	49.0	5.2	21.6	20.9	73.6
Rest of State	12.5	36.5	4.8	18.7	18.3	58.1

* Total Inpatient is the sum of Medicine, Surgery, and Maternity utilization, and does not include Newborn, Mental Health, or Chemical Dependency utilization data. Additionally, some discharges cannot be grouped as medicine, surgery, or maternity but are included in the overall inpatient total. Therefore, total discharges and days may not be equal to the sum of the three components. Maternity data for Child Health Plus is included in the Total, but is not shown due to small numbers.

- + Plan rate higher than 90% of the plans
- Plan rate lower than 90% of the plans
- # Percentile not computed due to small numerator

Utilization rates are calculated per 1,000 member years.

Inpatient Use of Services: Average Length of Stay (ALOS)

Commercial Managed Care Plans, 2004

Plan Name	Medicine ALOS	Surgery ALOS	Maternity ALOS	Total* ALOS
Aetna	4.1	5.0	3.5 +	4.2
Blue Choice	4.3 +	4.8	2.8	4.2
BSNENY	4.0	4.5	2.8	3.8
CDPHP	3.6	4.8	2.7 -	3.7
CIGNA	3.6	4.9	3.0	3.8
Community Blue	3.8	4.4	2.8	3.8
Empire	4.2	5.1	2.9	4.1
GHI HMO Select	3.6	5.5	3.0	4.1
Health Net	3.5	4.7	3.0	3.8
HIP	4.0	5.8 +	3.0	4.3
Independent Health	3.8	4.5	2.8	3.8
MDNY	3.4	5.4	2.9	4.0
MVP	2.9 -	3.0 -	2.4 -	2.9 -
Oxford	4.2	4.9	3.1	4.1
Preferred Care	4.1	4.3	2.7	3.8
UnitedHealthCare of New York	3.5	4.0 -	2.9	3.5
Univera HealthCare	3.0 -	4.2	2.7	3.4 -
Upstate HMO	4.2 +	5.5	2.9	4.5 +
Vytra Health Plans	3.8	6.0 +	3.2 +	4.4 +
State wide	3.9	4.8	3.0	4.0
New York City	4.0	5.1	3.1	4.1
Rest of State	3.8	4.7	2.9	3.9
Fee-for-Service	4.4	5.3	3.0	4.2

* Total Inpatient is the sum of Medicine, Surgery, and Maternity utilization, and does not include Newborn, Mental Health, or Chemical Dependency utilization data.

- | | |
|---|--|
| + | Plan rate higher than 90% of the plans |
| - | Plan rate lower than 90% of the plans |
| # | Percentile not computed due to small numerator |

Average length of stay (ALOS) is calculated as the total number of days divided by the total number of discharges (Days/Discharges=ALOS).

Inpatient Use of Services: Average Length of Stay (ALOS)

Medicaid Managed Care Plans, 2004

Plan Name	Medicine ALOS	Surgery ALOS	Maternity ALOS	Total* ALOS
Affinity Health Plan	3.7	6.1	2.9	3.7
AmeriChoice	3.5	5.6	2.7	3.4
Blue Choice Option	3.8	5.7	2.7	3.7
BSNENY	3.8	5.0	2.5 -	3.6
CarePlus Health Plan	3.6	6.2 +	3.0	3.8
CDPHP	3.3	4.3 -	2.5 -	3.1 -
CenterCare	3.6	6.0	2.9	3.7
Community Blue	4.0	4.7	2.6	3.6
Community Choice	4.4 +	6.6 +	3.1 +	4.3 +
Community Premier Plus	3.5	5.2	3.1 +	3.6
Fidelis Care New York	3.8	5.3	2.8	3.5
GHI HMO Select	3.1	4.8	2.7	3.5
Health Plus	3.5	5.0	2.8	3.4
HealthFirst PHSP, Inc.	3.6	4.5 -	2.9	3.6
HIP	3.9	5.9	2.8	3.8 +
Hudson Health Plan	4.2 +	5.6	2.8	3.9 +
Independent Health	3.5	5.0	2.6	3.4
MetroPlus	3.5	5.8	2.9	3.6
Neighborhood Health Providers	3.5	6.0	2.9	3.6
New York - Presbyterian CHP	3.5	5.8	2.9	3.6
Partners in Health	2.9 -	6.0	2.9	3.3
Preferred Care	4.2 +	5.3	2.7	3.7
Suffolk Health Plan	3.7	7.4 +	3.0 +	3.6
Total Care	2.7 -	4.7	2.6 -	3.0 -
UnitedHealthCare of New York	3.8	5.0	2.8	3.7
Univera Community Health	2.6 -	4.7 -	2.7	3.0 -
WellCare	3.5	5.2	2.8	3.5
Statewide	3.6	5.4	2.8	3.6
New York City	3.6	5.4	2.9	3.6
Rest of State	3.7	5.2	2.7	3.6
Fee-for-Service	6.1	10.3	3.0	5.9

* Total Inpatient is the sum of Medicine, Surgery, and Maternity utilization, and does not include Newborn, Mental Health, or Chemical Dependency utilization data.

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|---|--|
| + | Plan rate higher than 90% of the plans |
| - | Plan rate lower than 90% of the plans |
| # | Percentile not computed due to small numerator |

Average length of stay (ALOS) is calculated as the total number of days divided by the total number of discharges (Days/Discharges=ALOS).

Inpatient Use of Services: Average Length of Stay (ALOS)

Child Health Plus Managed Care Plans, 2004

Plan Name	Medicine ALOS	Surgery ALOS	Total* ALOS
Affinity Health Plan	2.9	4.4	3.1
AmeriChoice	2.4 #	0.0 #	2.4 #
Blue Choice	3.4	3.4	3.4
BSNENY	4.0 +	4.0 #	4.0
CarePlus Health Plan	4.1 +	5.6 +	4.4 +
CDPHP	2.5	2.9 -	2.7 -
CenterCare	2.7	4.7 #	3.1
Community Blue	2.3 -	3.9 #	2.6 -
Community Choice	3.3	6.3 #	3.8
Community Premier Plus	3.3	9.6 #	5.1 +
Empire	2.8	3.3 -	2.9
Fidelis Care New York	2.9	3.8	3.1
GHI	3.0 #	3.7 #	3.0 #
Health Plus	3.3	4.3	3.5
HealthFirst PHSP, Inc.	3.3	3.4	3.3
HIP	2.9	4.9	3.4
Hudson Health Plan	3.3	5.5 +	3.9
MetroPlus	3.4	4.4	3.6
Neighborhood Health Providers	3.3	3.6	3.3
New York - Presbyterian CHP	3.4	5.3	4.0
Partners in Health	7.6 #	2.3 #	5.9 #
Suffolk Health Plan	2.9	4.1 #	3.2
Total Care	2.5 -	3.8 #	2.6 -
UnitedHealthCare of New York	2.8	3.8	3.0
Univera Community Health	2.1 -	4.2 #	2.7
Upstate HMO	2.5	4.5	3.2
WellCare	5.3 +	3.0 #	4.8 +
Statewide	3.1	4.1	3.4
New York City	3.3	4.2	3.5
Rest of State	2.9	3.9	3.2

* Total Inpatient is the sum of Medicine and Surgery utilization, and does not include Maternity, Newborn, Mental Health, or Chemical Dependency utilization data. Maternity for Child Health Plus is included in the total but is not shown due to small numbers.

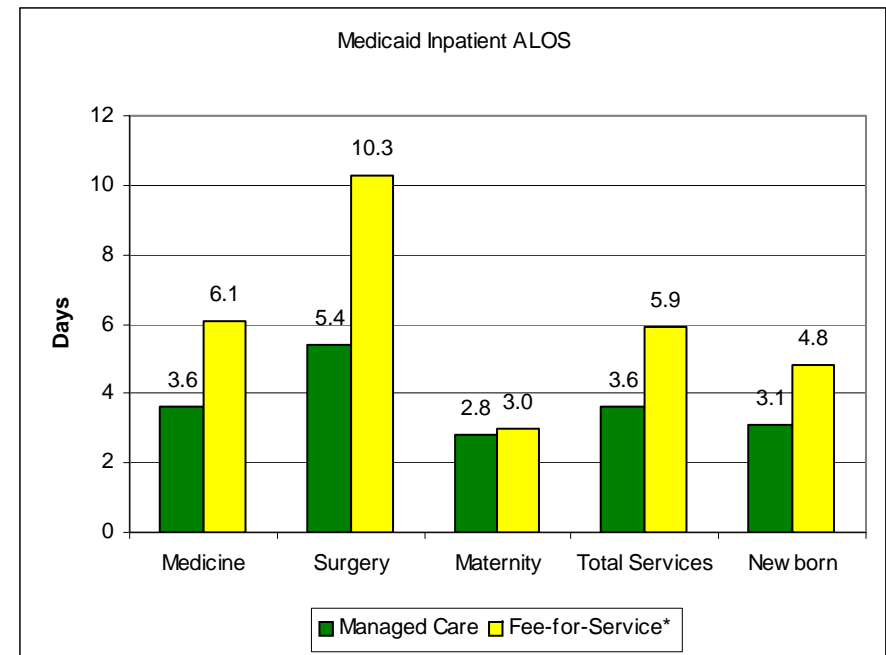
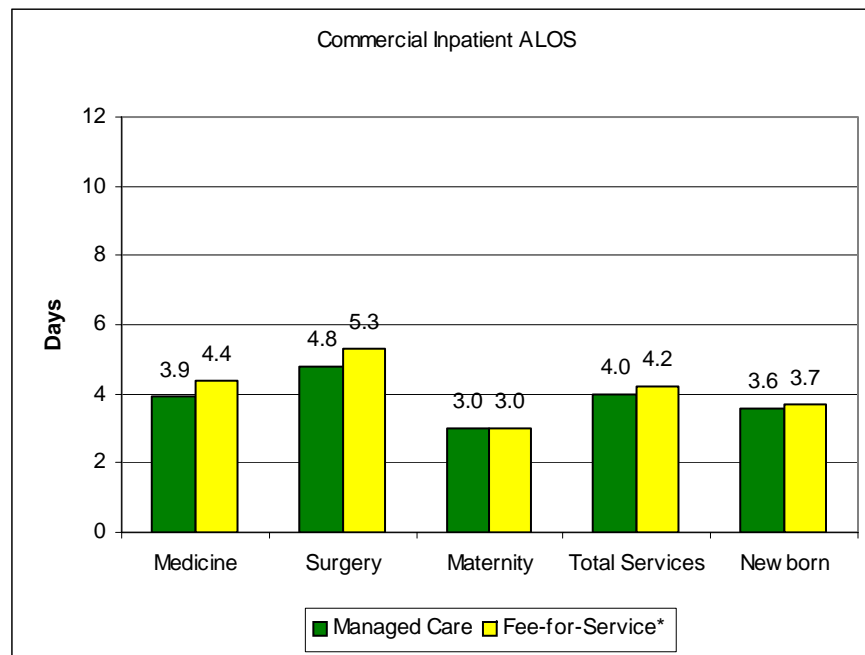
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|--|
| <p>+ Plan rate higher than 90% of the plans</p> <p>- Plan rate lower than 90% of the plans</p> <p># Percentile not computed due to small numerator</p> |
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Average length of stay (ALOS) is calculated as the total number of days divided by the total number of discharges (Days/Discharges=ALOS).

Average Length of Stay of Inpatient Services

The graphs below display the Average Length of Stay (ALOS), calculated in days, for four separate categories of inpatient services. ALOS is calculated as the total number of discharges divided by the total number of days (Days/Discharges=ALOS). The Total represents the sum of Medicine, Surgery and Maternity. The Total ALOS rate excludes non-acute care services, newborns, mental health and chemical dependency.

The Department's Statewide Planning and Research Cooperative System (SPARCS), containing inpatient and outpatient utilization data, was used to calculate the fee-for-service length of stay comparisons.



* Source: New York State Department of Health, SPARCS

Inpatient Mental Health Services for Men and Women

Commercial Managed Care Plans, 2004

Plan Name	Women			Men			Total		
	Discharges	Days	ALOS	Discharges	Days	ALOS	Discharges	Days	ALOS
Aetna	2.7	23.2	8.5	2.0	18.2	9.1	2.4	20.8	8.7
Blue Choice	3.2	21.3	6.6	2.2	15.4	6.9	2.7	18.4	6.8 -
BSNENY	2.5	14.7 -	5.8 -	1.7	11.7 -	7.0	2.1	13.3 -	6.3 -
CDPHP	2.9	22.0	7.7	2.0	12.5	6.2 -	2.5	17.5	7.1
CIGNA	2.1	17.4	8.2	1.9	20.9	11.2 +	2.0	19.1	9.5
Community Blue	2.2	16.1 -	7.3	1.7	12.5	7.3	2.0	14.3	7.3
Empire	2.9	28.2	9.8	2.1	17.6	8.6	2.5	23.1	9.3
GHI HMO Select	3.5	25.8	7.5	3.0 +	22.8 +	7.5	3.2	24.3	7.5
Health Net	2.0 -	16.9	8.6	1.4 -	12.8	8.9	1.7 -	15.0	8.7
HIP	2.8	24.5	8.8	2.4	21.5 +	9.0	2.6	23.1	8.9
Independent Health	2.9	24.7	8.7	2.4	18.0	7.4	2.7	21.5	8.1
MDNY	3.9 +	44.4 +	11.3 +	2.5	18.8	7.5	3.2	32.1 +	9.9 +
MVP	3.9	25.2	6.5 -	2.6	18.8	7.3	3.3 +	22.1	6.8
Oxford	2.1 -	20.1	9.6	1.9	18.3	9.7 +	2.0	19.2	9.6
Preferred Care	2.3	28.6	12.3 +	1.8	14.1	8.0	2.1	21.6	10.5 +
UnitedHealthCare of New York	2.1	16.7	7.8	1.4 -	8.9 -	6.2 -	1.8 -	12.9 -	7.2
Univera HealthCare	3.2	21.6	6.7	2.4	17.7	7.2	2.9	19.7	6.9
Upstate HMO	4.0 +	31.0 +	7.8	2.9 +	21.3	7.4	3.5 +	26.5 +	7.6
Vytra Health Plans	2.4	21.5	9.0	1.8	16.9	9.6	2.1	19.3	9.2
Statewide	2.6	22.0	8.3	2.0	16.9	8.3	2.4	19.6	8.3
New York City	2.4	21.8	9.0	2.0	18.2	9.2	2.2	20.1	9.1
Rest of State	2.7	22.2	8.1	2.1	16.3	7.9	2.4	19.4	8.0
Fee-for-Service			8.6			9.0			8.8

- + Plan rate higher than 90% of the plans
- Plan rate lower than 90% of the plans
- # Percentile not computed due to small numerator

Utilization rates are calculated per 1,000 member years. Average length of stay (ALOS) is calculated as the total number of days divided by the total number of discharges (Days/Discharges=ALOS).

Inpatient Mental Health Services for Men and Women

Medicaid Managed Care Plans, 2004

Plan Name	Women			Men			Total		
	Discharges	Days	ALOS	Discharges	Days	ALOS	Discharges	Days	ALOS
Affinity Health Plan	4.5	44.2	9.8	4.3	50.0	11.6	4.4	46.7	10.6
AmeriChoice	3.0	34.6	11.5	3.3 -	49.8	15.2 +	3.1 -	41.6	13.3 +
Blue Choice Option	6.7	51.9	7.8	7.1	56.1	7.9	6.9	53.6	7.8
BSNENY	7.0	48.3	6.9	5.4 #	25.2 -	4.7 #	6.3	38.7	6.1 -
CarePlus Health Plan	8.3	56.0	6.7	10.4 +	90.2 +	8.7	9.2	71.2	7.7
CDPHP	8.5	58.1	6.8	7.6	57.0	7.5	8.1	57.6	7.1
CenterCare	4.1	47.0	11.4	4.4	56.0	12.8	4.2	51.0	12.0
Community Blue	7.6	54.0	7.1	8.7	57.9	6.7 -	8.1	55.7	6.9
Community Choice	5.9	68.5	11.6 +	8.3	88.2 +	10.7	6.9	76.7 +	11.2
Community Premier Plus	2.7 -	20.8 -	7.6	2.7 -	29.9 -	10.9	2.7 -	24.4 -	8.9
Fidelis Care New York	4.2	32.8	7.8	4.2	34.7	8.2	4.2	33.6	8.0
GHI HMO Select	20.3 +	75.1	3.7 -	15.2 +	59.6	3.9 -	18.2 +	69.0	3.8 -
Health Plus	3.3	34.4	10.4	3.3	46.4	14.1 +	3.3	39.7	12.0
HealthFirst PHSP, Inc.	3.8	38.9	10.4	3.6	43.0	12.0	3.7	40.7	11.0
HIP	4.7	47.5	10.2	5.2	57.2	11.0	4.9	51.8	10.6
Hudson Health Plan	9.7 +	93.6 +	9.7	10.8 +	130.1 +	12.0	10.2 +	109.2 +	10.7
Independent Health	8.8	83.7 +	9.5	8.6	59.1	6.9	8.7	73.5	8.4
MetroPlus	3.8	46.1	12.0 +	4.1	52.6	12.9	3.9	48.9	12.4 +
Neighborhood Health Providers	3.0 -	29.6	10.0	4.2	37.7	9.0	3.5	33.1	9.5
New York - Presbyterian CHP	3.9	32.8	8.3	5.4	56.8	10.5	4.6	43.0	9.4
Partners in Health	7.7	93.9 +	12.2 +	5.1	63.8	12.6	6.7	82.0 +	12.3 +
Preferred Care	7.4	49.4	6.7	7.3	57.1	7.8	7.3	52.6	7.2
Suffolk Health Plan	9.7 +	60.1	6.2 -	9.6	79.6	8.3	9.6 +	68.6	7.1
Total Care	5.6	35.6	6.3	5.5	31.9	5.8 -	5.6	34.0	6.1 -
UnitedHealthCare of New York	3.9	27.0 -	7.0	3.8	28.7 -	7.5	3.9	27.8 -	7.2
Univera Community Health	5.9	35.3	6.0 -	5.5	56.1	10.1	5.7	43.9	7.7
WellCare	2.0 -	19.1 -	9.8	2.1 -	30.2	14.3 +	2.0 -	24.2 -	11.9
Statewide	4.7	42.5	9.1	4.9	50.5	10.4	4.8	46.0	9.7
New York City	4.1	40.1	9.8	4.4	49.7	11.3	4.2	44.3	10.5
Rest of State	6.1	48.6	7.9	6.2	52.8	8.6	6.1	50.3	8.2
Fee-for-Service			17.1			18.4			17.8

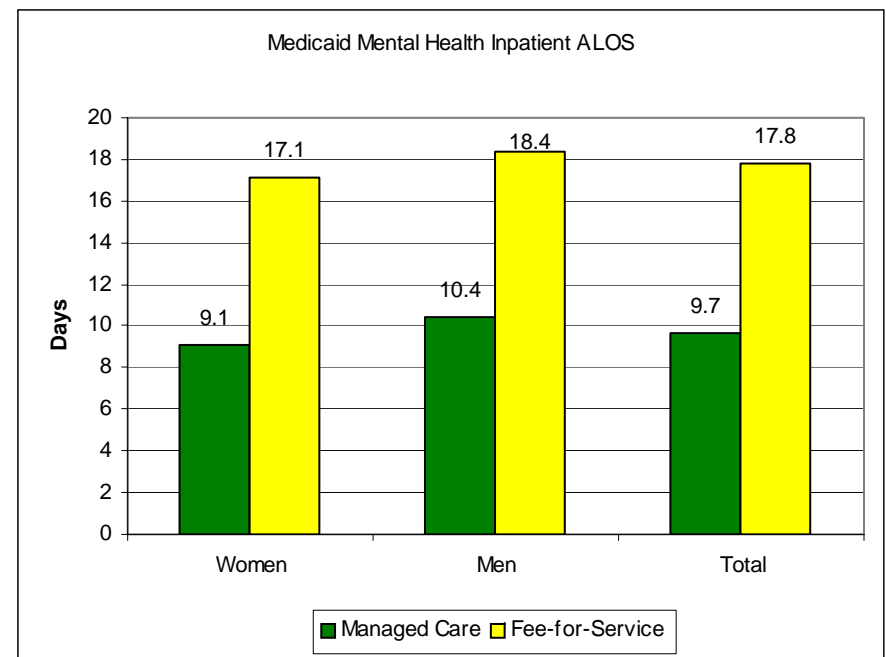
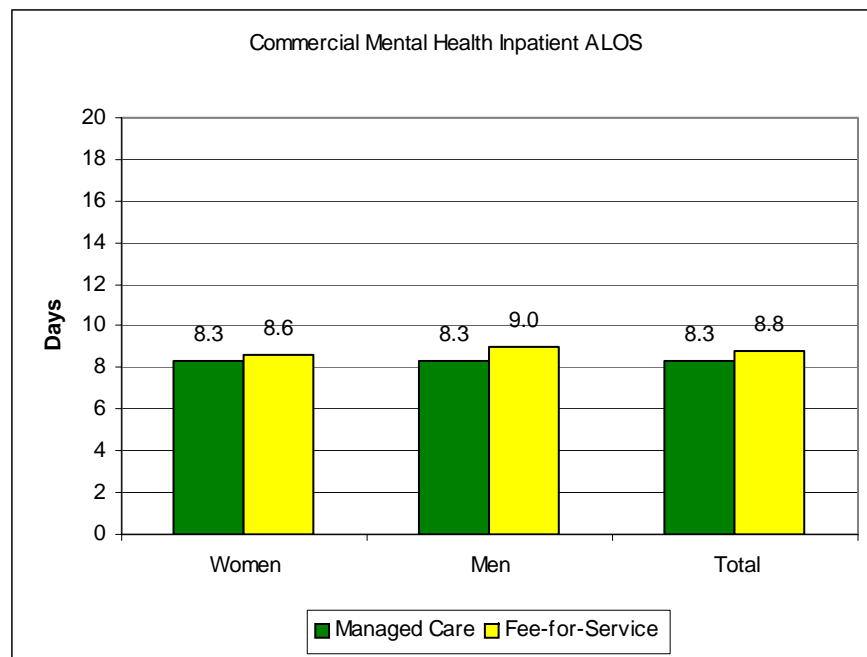
- + Plan rate higher than 90% of the plans
- Plan rate lower than 90% of the plans
- # Percentile not computed due to small numerator

Utilization rates are calculated per 1,000 member years. Average length of stay (ALOS) is calculated as the total number of days divided by the total number of discharges (Days/Discharges=ALOS).

Average Length of Stay of Inpatient Mental Health Services

The graphs below compare the average length of stay (ALOS), calculated in days, between managed care and fee-for-service mental health services. The average length of stay is calculated as the total number of discharges divided by the total number of days (Days/Discharges=ALOS).

The Department's Statewide Planning and Research Cooperative System (SPARCS), containing inpatient and outpatient utilization data, was used to calculate the fee-for-service length of stay comparisons.



* Source: New York State Department of Health, SPARCS

Inpatient Chemical Dependency Services for Men and Women

Commercial Managed Care Plans, 2004

Plan Name	Women			Men			Total		
	Discharges	Days	ALOS	Discharges	Days	ALOS	Discharges	Days	ALOS
Aetna	0.8	4.2	5.6	2.0	11.1	5.5	1.4	7.5	5.5
Blue Choice	0.9	4.6	5.0	1.6	8.2	5.3	1.2	6.3	5.2
BSNENY	0.7	2.9	4.3	1.4	7.1	5.0	1.0	4.9	4.8
CDPHP	0.3 -	1.1 -	4.2 -	0.2 #	1.1 -	5.3 #	0.2 -	1.1 -	4.6 -
CIGNA	0.7	3.9	5.7	1.5	12.4	8.4 +	1.1	8.0	7.5 +
Community Blue	0.5	2.9 -	5.5	1.0 -	6.4 -	6.7	0.7 -	4.6 -	6.3
Empire	0.9	4.2	4.6	1.5	7.1	4.6 -	1.2	5.6	4.6
GHI HMO Select	0.9 #	5.1	5.6 #	2.1	11.3	5.5	1.5	8.2	5.5
Health Net	0.9	6.2	6.6	1.9	12.2	6.3	1.4	9.0	6.4
HIP	1.0	7.1 +	6.8 +	3.6 +	25.3 +	7.0	2.2 +	15.5 +	7.0
Independent Health	0.5 -	4.1	8.0 +	1.2 -	6.9	5.6	0.9	5.4	6.3
MDNY	2.5 +	10.3 +	4.2 -	3.1 +	16.4 +	5.3	2.8 +	13.3 +	4.8
MVP	0.8	4.1	4.8	1.9	10.6	5.5	1.4	7.2	5.3
Oxford	0.9	5.1	5.8	1.7	9.3	5.6	1.2	7.1	5.7
Preferred Care	0.6 #	5.2	8.0 #	1.6 #	7.9	4.9 #	1.1 #	6.5	5.8 #
UnitedHealthCare of New York	1.1	6.9	6.5	1.4	7.7	5.5	1.2	7.3	5.9
Univera HealthCare	0.6 #	4.2	7.3 #	1.4	9.6	7.1 +	1.0	6.8	7.1
Upstate HMO	0.9 #	4.4	5.0 #	1.5 #	14.5	9.4 #	1.2	9.1	7.7 +
Vytra Health Plans	1.5 +	7.0	4.8	2.1	8.5	4.0 -	1.8	7.7	4.3 -
Statewide	0.8	4.8	5.7	1.8	10.5	5.9	1.3	7.5	5.9
New York City	0.9	5.6	6.1	2.2	13.9	6.3	1.5	9.5	6.2
Rest of State	0.8	4.4	5.5	1.6	8.9	5.7	1.2	6.5	5.6
Fee-for-Service			3.5			2.7			3.0

- + Plan rate higher than 90% of the plans
- Plan rate lower than 90% of the plans
- # Percentile not computed due to small numerator

Utilization rates are calculated per 1,000 member years. Average length of stay (ALOS) is calculated as the total number of days divided by the total number of discharges (Days/Discharges=ALOS).

Inpatient Chemical Dependency Services for Men and Women

Medicaid Managed Care Plans, 2004

Plan Name	Women			Men			Total		
	Discharges	Days	ALOS	Discharges	Days	ALOS	Discharges	Days	ALOS
Affinity Health Plan	2.5	14.5	5.8	6.2	30.4	4.9	4.1	21.4	5.2
AmeriChoice	2.2	11.6	5.2 -	6.7	35.9	5.4	4.3	22.7	5.3
Blue Choice Option	5.2	35.6	6.8	6.9	48.2	7.0	5.9	40.8	6.9
BSNENY	4.4 #	35.1	8.0 #	4.7 #	29.9	6.3 #	4.5	32.9	7.3
CarePlus Health Plan	6.4	42.8	6.7	17.9 +	118.2 +	6.6	11.5 +	76.3 +	6.6
CDPHP	4.4	31.1	7.0	6.8	46.4	6.9	5.4	37.5	6.9
CenterCare	2.5	15.3	6.1	8.0	39.8	4.9	4.9	26.0	5.3
Community Blue	2.7	26.5	9.8 +	5.1 -	55.9	11.0 +	3.7	39.0	10.5 +
Community Choice	6.5	47.7 +	7.3	18.2 +	101.7	5.6	11.4	70.1	6.2
Community Premier Plus	0.8 -	7.3 -	8.6	2.2 -	14.1 -	6.3	1.4 -	10.0 -	7.1
Fidelis Care New York	2.0	12.2	6.0	6.0	32.1	5.3	3.8	20.8	5.5
GHI HMO Select	10.6 +	25.9	2.4 -	22.2 +	53.5	2.4 -	15.2 +	36.9	2.4 -
Health Plus	1.9	11.8	6.1	7.2	42.1	5.8	4.3	25.1	5.9
HealthFirst PHSP, Inc.	2.9	19.3	6.6	8.1	49.3	6.1	5.1	31.9	6.3
HIP	4.2	25.9	6.2	14.0	77.9	5.6	8.5	48.7	5.7
Hudson Health Plan	7.2 +	62.2 +	8.7 +	14.0	103.7 +	7.4 +	10.1	79.9 +	7.9 +
Independent Health	3.8	29.4	7.8	7.8	41.3	5.3	5.4	34.3	6.3
MetroPlus	2.5	16.1	6.4	10.2	61.7	6.1	5.8	35.8	6.1
Neighborhood Health Providers	1.4 -	7.7 -	5.3	4.3 -	21.1 -	4.9	2.7 -	13.4 -	5.0
New York - Presbyterian CHP	1.7 -	9.3 -	5.5	5.7	27.2 -	4.8	3.4 -	16.9 -	5.0 -
Partners in Health	5.0	25.3	5.0 -	17.5	82.2	4.7 -	10.0	47.9	4.8 -
Preferred Care	4.3	31.0	7.2	7.1	52.3	7.3	5.5	39.9	7.3
Suffolk Health Plan	4.3	36.9	8.5	9.6	52.3	5.5	6.6	43.6	6.6
Total Care	8.9 +	171.5 +	19.2 +	15.4	236.8 +	15.4 +	11.7 +	199.3 +	17.1 +
UnitedHealthCare of New York	3.3	21.1	6.4	6.7	36.3	5.4	4.8	27.8	5.8
Univera Community Health	3.3	27.1	8.3	8.6	63.0	7.3	5.5	42.0	7.6
WellCare	2.1	12.3	5.7	5.9	28.3	4.8 -	3.9	19.6	5.1
Statewide	3.1	21.2	6.8	8.6	51.1	6.0	5.5	34.1	6.2
New York City	2.8	17.2	6.2	8.8	49.8	5.7	5.4	31.3	5.8
Rest of State	3.9	31.3	8.0	8.0	54.7	6.8	5.7	41.3	7.3
Fee-for-Service			3.9			3.2			3.4

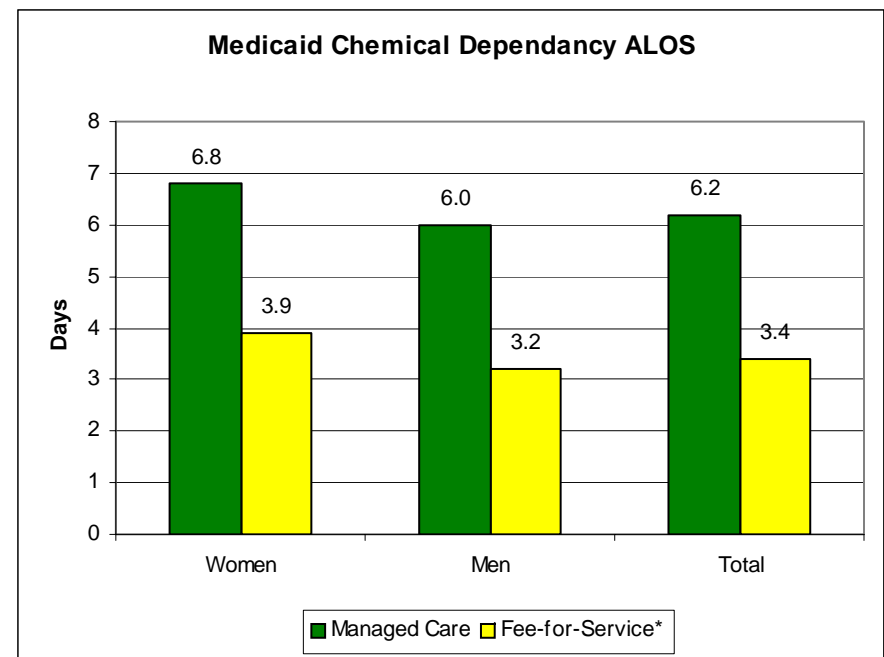
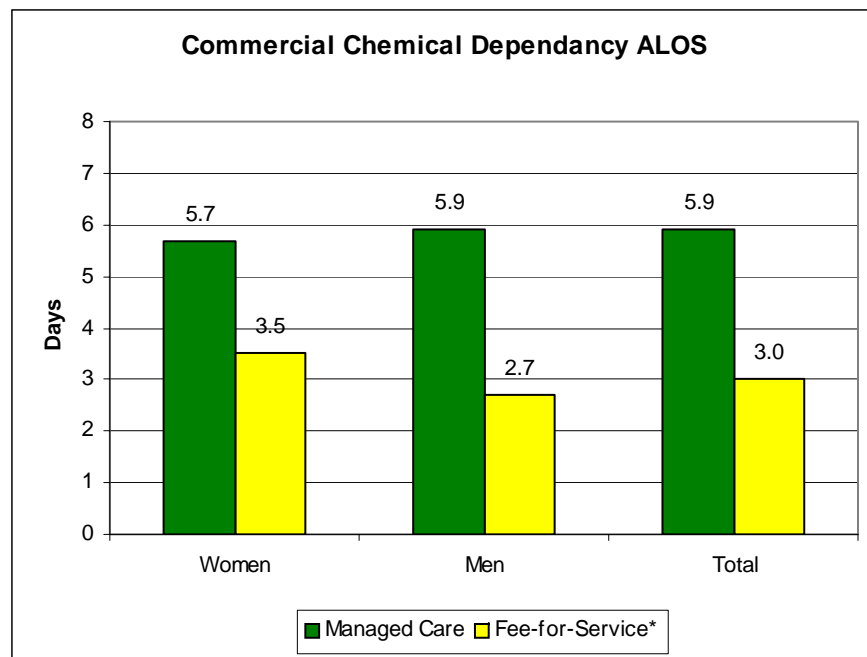
- + Plan rate higher than 90% of the plans
- Plan rate lower than 90% of the plans
- # Percentile not computed due to small numerator

Utilization rates are calculated per 1,000 member years. Average length of stay (ALOS) is calculated as the total number of days divided by the total number of discharges (Days/Discharges=ALOS).

Average Length of Stay for Inpatient Chemical Dependency Services

The graphs below compare the average length of stay (ALOS), calculated in days, between managed care and fee-for-service chemical dependency services. The average length of stay is calculated as the total number of discharges divided by the total number of days (Days/Discharges=ALOS).

The Department's Statewide Planning and Research Cooperative System (SPARCS), containing inpatient and outpatient utilization data, was used to calculate the fee-for-service length of stay comparisons.



* Source: New York State Department of Health, SPARCS

Identification of Alcohol and Drug Dependence Services

Commercial Managed Care Plans, 2004

Plan Name	MEN			WOMEN		
	Ambulatory	Inpatient	Any	Ambulatory	Inpatient	Any
Aetna	0.55	0.14 -	0.62	0.24	0.05 -	0.25
Blue Choice	0.79	0.26	0.95	0.40	0.16	0.50
BSNENY	1.44	0.24	1.56 +	0.61	0.13	0.68
CDPHP	0.70	0.31	0.93	0.74 +	0.28 +	0.93 +
CIGNA	0.49	0.22	0.61 -	0.18 -	0.10 -	0.24 -
Community Blue	1.45 +	0.22 -	1.56	0.60	0.12	0.67
Empire	0.18 -	0.33	0.47 -	0.10 -	0.16	0.24 -
GHI HMO Select	0.87	0.46	1.18	0.41	0.14 #	0.51
Health Net	0.48 -	0.27	0.66	0.27	0.14	0.36
HIP	1.02	0.58 +	1.33	0.39	0.19	0.50
Independent Health	1.37	0.25	1.47	0.58	0.13	0.63
MDNY	0.90	0.39	1.12	0.56	0.24	0.65
MVP	1.24	0.34	1.40	0.59	0.16	0.66
Oxford	0.64	0.27	0.79	0.35	0.14	0.42
Preferred Care	0.99	1.70 +	1.10	0.47	1.03 +	0.54
UnitedHealthCare of New York	0.67	0.24	0.82	0.36	0.14	0.43
Univera HealthCare	1.75 +	0.23	1.83 +	0.69 +	0.13	0.74 +
Upstate HMO	0.75	0.24	0.87	0.40	0.15 #	0.48
Vytra Health Plans	0.78	0.37	1.00	0.44	0.21	0.55
State wide	0.82	0.30	1.00	0.40	0.15	0.49
New York City	0.67	0.33	0.87	0.31	0.14	0.39
Rest of State	0.89	0.29	1.05	0.45	0.16	0.54

- + Plan rate higher than 90% of the plans
- Plan rate lower than 90% of the plans
- # Percentile not computed due to small numerator

Utilization rates are calculated per 1,000 member years.

Identification of Alcohol and Drug Dependence Services

Commercial Managed Care Plans, 2004

Plan Name	TOTAL		
	Ambulatory	Inpatient	Any
Aetna	0.39	0.09 -	0.43
Blue Choice	0.59	0.21	0.72
BSNENY	1.01	0.18	1.10
CDPHP	0.72	0.29	0.93
CIGNA	0.33 -	0.16 -	0.42 -
Community Blue	1.02 +	0.17	1.11 +
Empire	0.14 -	0.24	0.35 -
GHI HMO Select	0.64	0.29	0.83
Health Net	0.37	0.20	0.50
HIP	0.68	0.37 +	0.88
Independent Health	0.96	0.19	1.03
MDNY	0.72	0.31	0.87
MVP	0.90	0.25	1.02
Oxford	0.48	0.20	0.59
Preferred Care	0.72	1.37 +	0.81
UnitedHealthCare of New York	0.51	0.19	0.62
Univera HealthCare	1.20 +	0.17	1.27 +
Upstate HMO	0.56	0.19	0.67
Vytra Health Plans	0.60	0.29	0.77
State wide	0.60	0.22	0.73
New York City	0.48	0.23	0.62
Rest of State	0.66	0.22	0.78

- + Plan rate higher than 90% of the plans
- Plan rate lower than 90% of the plans
- # Percentile not computed due to small numerator

Utilization rates are calculated per 1,000 member years.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Commercial Managed Care Plans, 2004

Plan Name	Rate of Initiation	Rate of Engagement
Aetna	54.0%	23.0%
Blue Choice	19.1% -	2.2% -
BSNENY	41.5%	24.4%
CDPHP	10.0% -	3.5% -
CIGNA	46.2%	21.7%
Community Blue	41.6%	21.9%
Empire	59.4%	7.9%
GHI HMO Select	61.0%	26.4% +
Health Net	62.4%	20.3%
HIP	63.3% +	22.7%
HMO Blue	25.5%	9.7%
Independent Health	40.4%	15.0%
MDNY	62.6% +	26.4% +
MVP	47.7%	23.5%
Oxford	55.1%	24.5%
Preferred Care	31.3%	10.0%
UnitedHealthCare of New York	47.6%	18.0%
Univera HealthCare	38.8%	18.9%
Vytra Health Plans	60.6%	26.0%
State wide	47.1%	18.9%
New York City	57.1%	22.0%
Rest of State	43.3%	17.8%

+ Plan rate higher than 90% of the plans
 - Plan rate lower than 90% of the plans
 # Percentile not computed due to small numerator

V. Technical Notes

Interpreting the Measures

Plan-specific Rates

With the exception of Use of Services data, the majority of rates reported as part of the 2005 New York State Managed Care Plan Performance Report Supplement are displayed as rates per 100 (percentages). To calculate a plan's rate for a measure, the numerator is divided by the denominator and then multiplied by 100.

Plan-specific data are excluded from the tables as a result of any of the following methodological limitations:

- The data for the particular measure could not be substantiated by the audit.
- No enrollee could meet the eligibility requirements (such as continuous enrollment).

Aggregate Rates

Statewide, New York City and Rest-of-State data presentations are shown. The New York City and Rest-of-State breakdown is based on geographical plan enrollment. For example, if a plan has 70 percent of its enrollment in New York City and 30 percent in the rest of the state, the New York City rate is weighted according to the 70 percent enrollment that plan has in the city. The remaining 30 percent is weighted into the Rest-of-State rate. Point-of-Service enrollment is included if plans used it in their enrollment calculations.

Prenatal Care

As in previous publications of QARR, several measures are calculated using both member-level information on live births that is submitted by the plans and the department's Vital Statistics (VS) birth file. The plans' records are matched to the VS data to find the most accurate numbers to perform the calculation. However, if a record is missing "Trimester Prenatal Care Began" on the VS birth file, that record is excluded from the calculation. As a result of the exclusion, plans' rates are less likely to be affected by the hospital's failure to report complete birth data. The reporting of this information is the responsibility of the hospital of delivery.

Risk-Adjustment Factors

Health events, such as low birthweight (LBW) births do not occur randomly across all plans. Defined risk factors, such as maternal age or education, may be disproportionate across plans and beyond the plans' control to influence. Risk adjustment is used because it removes or reduces the effects of confounding factors that may influence a plan's rate. These data reflect the removal of multiple births and include only women who were continuously enrolled in a plan for ten months, allowing for a one-month break in service. Therefore, risk-adjusted rates account for patient factors that strongly influence the outcome, thereby allowing for a fairer comparison among the plans.

Low Birthweight Methodology

To compute the risk-adjusted LBW rates, a logistic regression model was developed. The model predicted a binary response for LBW, i.e., all births were designated as either LBW or “not LBW” (<2500 grams).

The independent variables used in the methodology included:

- maternal age (less than 18, 18-19, 20-29, 30 and over)
- education (less than high school, high school, any college)
- alcohol use (yes, no)
- drug use (yes, no)
- tobacco (yes, no)
- level of prenatal care as defined by a modified Kessner index (intense, adequate, intermediate, inadequate, no care, unknown)
- race/ethnicity (white, black, Hispanic, other)
- parity (none, 1-2, 3-4, 5 or more previous live births)
- maternal medical risk factors (yes, no)
- hospitalized during this pregnancy (yes, no) - Rest of State model only
- previous pre-term delivery (yes, no)
- previous low birthweight (yes, no) - NYC model only
- nationality (born in US/Puerto Rico or rest of world)
- marital status (yes,no)
- poor pregnancy outcome (yes, no) - Rest of State model only
- vaginal bleeding (yes, no) - Rest of State model only
- prelabor referral for high risk (yes, no) - Rest of State model only

The expected LBW rate is the rate a plan would have if the plan’s patient mix were identical to the patient mix of the state. The plan-specific, risk-adjusted rate is the ratio of observed to expected LBW rates multiplied by the overall statewide LBW rate.

Limitations of the Risk-Adjusted Data

The Risk-Adjusted methodology allows for more accurate comparisons among plans. Nevertheless, it has some limitations. The information on the Vital Statistics Birth File is reported by hospitals and is not validated or audited for accuracy. Therefore, inaccuracies in birth certificate data may influence the risk-adjusted rates. Also, if important risk factors are not included in the model as independent variables, the model can potentially overestimate or underestimate a plan’s risk-adjusted rate. Although the limitations presented here are an important consideration in interpreting the risk-adjusted data, comparisons between plans are much more accurate when using these data, than if non-adjusted data were used.